

Exhibit 1

Ronald E. Synder, M.D.
08/14/2024

Wednesday, August 14, 2024

16 Videoconference deposition of

17 RONALD E. SYNDER, M.D. was taken via Zoom,
18 before Elizabeth M. Kondor, Certified Court
19 Reporter and Notary Public, on the above date,
20 commencing at 11:00 a.m.

21
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08/14/2024

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<p>1 it or have it reread, whatever is appropriate so 2 that we're communicating. 3 Okay? 4 A. Yes. Thank you. 5 Q. If you answer my question as worded, 6 we're going to presume that you understood the 7 question and that you're giving your honest and 8 truthful answer to those questions. 9 Fair enough? 10 A. Fair enough, yes. 11 Q. The only life care plan that you've 12 done in this case is for Stephanie Wadsworth, 13 correct? 14 A. I've only done one for her, that's 15 correct. 16 Q. You are not offering any opinions in 17 this case on any life care plan issues related 18 to any of the other Wadsworth family members, 19 true? 20 A. That is correct. 21 I would say I did see the boy, and 22 when I completed my evaluation, I did call 23 counsel and let him know that there were some 24 significant problems, but I have not been hired 25 to do a life care plan.</p>	Page 6	Page 8
<p>1 Q. You have not done a life care plan 2 for Weston Wadsworth, correct? 3 A. That is correct. 4 Q. And you're not offering any opinions 5 in this case as to a potential life care plan 6 for Weston Wadsworth? 7 A. Correct, not at this point, but I may 8 be asked in the future, but at this point, I 9 have not. 10 Q. Okay. 11 And just so we're perfectly clear as 12 to what I am questioning you on here today, the 13 only opinions that you are offering in this case 14 presently is the life care plan opinions for 15 Stephanie Wadsworth, true? 16 A. That is true. That is correct. 17 Q. And although you met the Wadsworth 18 children on your home visit, you have not done a 19 life care plan for any of them, including 20 Weston, and are not offering any opinions here 21 today on any life care plan issues related to 22 any other members of the Wadsworth family, 23 correct? 24 A. That is correct. 25 Q. And I understand that you are based</p>	Page 7	Page 9

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<p>1 them here, are these all life care plan-related, 2 or is it a combo of life care plan and more 3 traditional medical?</p> <p>4 A. I believe all of them are life care 5 plans. 2010 may have been a combination of 6 treating doctor and life care plan, but 7 definitely beginning 2011, purely life care 8 planning.</p> <p>9 Q. Doctor, I'm going to share my screen 10 with you, which is just going to be a copy of 11 your CV.</p> <p>12 MR. LaFLAMME: And, Betsy, what I'll 13 probably do is just e-mail these to you 14 after. I'll keep track of the exhibit 15 numbers and then e-mail them to you.</p> <p>16 BY MR. LaFLAMME:</p> <p>17 Q. Doctor, I think I have this up 18 accurately.</p> <p>19 A. You do.</p> <p>20 MR. LaFLAMME: We will mark this as 21 Exhibit 60, which is our next exhibit in 22 line on this case.</p> <p>23 (Exhibit 60, CV of Ronald E. Snyder, 24 is received and marked for identification.)</p> <p>25 Q. Now, Doctor, this was a copy of your</p>	Page 10	<p>1 A. Correct.</p> <p>2 Q. Have you ever been licensed in 3 Wyoming?</p> <p>4 A. I have not.</p> <p>5 Q. In your CV, there is an area titled 6 "CERTIFICATIONS/ACADEMIC MEMBERSHIP," which 7 starts on the first page and goes to the second 8 page.</p> <p>9 Do you see that?</p> <p>10 A. Yes.</p> <p>11 Q. It looks like for the life care 12 planning specific certification or academic 13 membership, those are on the start of the second 14 page; is that accurate?</p> <p>15 A. Correct, correct.</p> <p>16 Q. And these would have been put on by 17 the Institute of Rehabilitation Education and 18 Training?</p> <p>19 A. Correct. I've been doing life care 20 planning for many years, and they started doing 21 some ongoing training, and so I elected to go 22 ahead and take those courses as well.</p> <p>23 Q. Where is the Institute of Rehab 24 Education and Training?</p> <p>25 A. It's online. The last course is done</p>
<p>1 CV that has been provided in this case. And 2 I'll page through it quickly. You may even have 3 a hard copy with you.</p> <p>4 A. I do.</p> <p>5 Q. I did not see a specific date on here 6 as far as when it was updated, but is this your 7 most up-to-date CV, the one that was provided in 8 this case?</p> <p>9 A. Let me look at one page and I'll know 10 specifically the issue date.</p> <p>11 It is, but I believe I did close my 12 Puerto Rican license just recently on page 2, 13 but this is an up-to-date copy.</p> <p>14 Q. This is at least the most up-to-date 15 copy that you have in your file, correct?</p> <p>16 A. Correct.</p> <p>17 Q. And the one change that you mentioned 18 was, there's a "LICENSE" section on page 2 of 19 Exhibit 60 which shows a Florida license and a 20 Puerto Rico license. And it sounds like your 21 Puerto Rico license has either lapsed or you 22 haven't renewed it, whatever the case may be.</p> <p>23 A. Correct.</p> <p>24 Q. So, presently, is your only medical 25 license in Florida?</p>	Page 11	<p>1 in Gainesville University of Florida where you 2 do it live. The rest of it is online.</p> <p>3 Q. And then it looks like there's six 4 bullet points under the Institute's reference 5 which lists the specific coursework that you 6 would have taken?</p> <p>7 A. Yes. Those are the required 8 coursework, that's correct.</p> <p>9 Q. And so, for example, the first bullet 10 point "Life Care Planning: Professional 11 Orientation," dated 12/29/2018, that's a 12 singular course?</p> <p>13 A. Correct. They're a singular course.</p> <p>14 They're about 20 hours apiece, and you have to 15 take a test at the end. So the date is the date 16 that I was issued the certification for that 17 course.</p> <p>18 Q. So for each of these courses, for 19 each of the six bullet points, is there a 20 roughly 20-hour course associated with it or 21 some –</p> <p>22 A. Yeah, it's 10 to 20 hours. I think 23 it's 10 hours of direct video, but then it's 24 followed by, you have to kind of do a lot of 25 book work, several chapters to get into it and</p>

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<p>1 so forth, but it's about 20 hours per chapter. 2 Q. Okay. 3 But each coursework has approximately 4 10 hours of video that you would start with? 5 A. Correct. 6 Q. If you're getting a phone call, we 7 can take a break. 8 A. No. For some reason, I had it muted 9 and it rang one ring. 10 Q. No problem. 11 A. Nothing is more important than a 12 deposition. 13 Q. That's what we think, but there's 14 certainly more. 15 At any rate, each course has roughly 16 10 hours of direct video, then; is that correct? 17 A. That's correct. 18 Q. All right. 19 And then on top of the direct video, 20 then there's some it sounds like reading of some 21 sort of textbook or other manuals provided for 22 you? 23 A. Correct. Examples: The videos did 24 not cover long-term care of AIDS; it did not 25 cover long-term management of heart and kidney</p>	Page 14	Page 16
<p>1 transplants. And yet the tests had questions on 2 it, so you had to fill in the blanks with 3 reading before taking the test. 4 Q. And is there a test for each of these 5 six courses or is there just one overall test? 6 A. Yes, for each segment, there's a 7 test. 8 Q. Is there a specific section in any of 9 these six courses that deal with burn injuries? 10 A. There was. One of them, maybe – 11 Q. Which one? 12 A. Oh, I don't remember. I would 13 presume – I would presume probably the multiple 14 disabilities. 15 Q. So burn injuries would have been a 16 section or a component of that coursework? 17 A. Correct. 18 Obviously, the texts can go over 19 every specific injury, but they, basically, fly 20 over at 60,000 feet, as far as what information 21 you need. And then they give you a lot of 22 additional resources that you have to reach out 23 to when you ultimately get to specific cases. 24 Q. Are you still in private practice as 25 far as treating patients?</p>	Page 15	Page 17

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<p>1 treatment is more orthopedic-related; is that 2 accurate?</p> <p>3 A. No, no. Mostly, a lot of brain, a 4 lot of amputations. We do it all. But we did 5 not have a burn unit in Pittsburgh where I was, 6 so, you know, I've treated burn cases for the 7 last 15, 20 years intermittently, but very 8 sporadically, and not like the number of necks, 9 backs, strokes and brain injuries that I do now.</p> <p>10 Q. And as a physiatrist, I understand 11 that is, basically, physical medicine and rehab. 12 Is that an accurate description of what a 13 physiatrist does?</p> <p>14 A. Correct.</p> <p>15 Q. You have not ever been involved as a 16 surgeon, correct?</p> <p>17 A. That's correct.</p> <p>18 Q. You have not been involved as a 19 psychiatrist or psychologist, correct?</p> <p>20 A. That's correct, although long-term 21 injuries result in long-term psychiatric 22 problems and just like family practitioners who 23 can prescribe antidepressants and antianxiety 24 medications, physiatrists can do so as well.</p> <p>25 Q. As far as any psychological or</p>	Page 18	Page 20
<p>1 psychiatric diagnoses or diagnosis, you would 2 refer that to the mental health professional, 3 correct?</p> <p>4 A. In a legal situation, yes, but as a 5 treating doctor, no. That comes all the time. 6 But I did do testing for her when I saw her and 7 the testing was significant for depression and 8 PTSD.</p> <p>9 Q. And just so the record is clear, when 10 you say "her," you're talking about Stephanie 11 Wadsworth, correct?</p> <p>12 A. Correct. She completed testing that 13 did the BECK Inventory Depression scale, the 14 PTSD questionnaires and those were all abnormal 15 for depression and PTSD. But, again, in this 16 kind of forum as a physiatrist, you should only 17 request psychiatrists to provide such 18 documentation.</p> <p>19 Q. And although you've had some 20 experience with burn injuries in your residency, 21 you are not a burn specialist, correct?</p> <p>22 A. That is correct.</p> <p>23 Q. And you are not giving any testimony 24 in this case as a surgeon, correct?</p> <p>25 A. That's correct.</p>	Page 19	Page 21

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<p>1 hold on - 30 of my report, I very specifically 2 list all of the methodologies and foundations 3 that are utilized in the report, utilizing 4 several different life care planning tenets and 5 methodologies that are nationally accepted, so I 6 list all the methodologies specifically utilized 7 in the report.</p> <p>8 Q. And that's, basically, on page 30 to 9 35, correct, of your report?</p> <p>10 A. Correct. I try to indicate all of 11 the – actually, it goes beyond that. This is, 12 basically, from 30 to 55, basically, is a 13 documentation of and descriptions of what I'm 14 going to be ultimately utilizing in the actual 15 life care plan, as far as what we levelly call 16 in my office boxes, which begin on page 60.</p> <p>17 Q. Okay.</p> <p>18 A. But those first 20 pages lays the 19 foundation of how I'm utilizing, what resources 20 I'm utilizing and the basis of my opinions.</p> <p>21 Q. And are those – and we'll get to 22 your report, but since you jumped there a little 23 bit, I'll jump there too. Those citations that 24 you have in your report, are those pretty 25 standard citations that you put in most of your</p>	Page 22	Page 24
<p>1 life care planning reports?</p> <p>2 A. Correct. If I have a pediatric case, 3 I'll utilize some pediatric documentation. If I 4 have a brain injury, I want to have something 5 very specific for brain injury. These are 6 specific particularly for a mother, and the 7 types of services that she's going to need would 8 be put into, basically, what's a podiatrist or 9 what's a surgeon, we identify it and quote their 10 training.</p> <p>11 Q. Do you do any life care plans 12 presently outside of the litigation or claim 13 context?</p> <p>14 A. No. Otherwise, they would called a 15 case management tool. A life care plan is 16 specifically for litigation.</p> <p>17 Q. How about, then, case management 18 tools, do you do those in your private practice 19 currently?</p> <p>20 A. No. I mean, the way I'm testifying, 21 when I discharge a patient, I almost do some of 22 this. But we don't need the pricing and we 23 don't need to do it in a formal way that we do 24 with life care planning. But, obviously, 25 someone with a brain injury or amputation,</p>	Page 23	Page 25

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<p>1 were a physician, as well as life care planner. 2 And then those physicians were disqualified and 3 Dauber'd out. 4 And SO I'm very protective of my 5 status, and so we put that in so that the 6 attorneys understand – or I understand why I'm 7 being hired. I'm being hired as a physician to 8 do an evaluation, to see the patient, understand 9 the diagnosis, and be able to provide not only 10 life care planning by talking to other doctors, 11 but be able to provide my own information, 12 background and training into the preparation of 13 what I do. So I want to make sure the attorneys 14 so indicate that to all sides, that that's what 15 I was hired to do. 16 Q. Basically, it's an effort – it 17 sounds like to protect yourself to make sure 18 that you're not improperly disclosed and face a 19 Daubert challenge due to a lack of disclosure of 20 full information on your background? 21 A. Correct. I do not have a retainer 22 contract or whatever. This is as close to what 23 I get, basically, to let everybody know what I 24 understand and what I'm hired for. 25 Q. In this case with Stephanie</p>	Page 26	<p>1 A. Correct, that evening. 2 Q. Was the evaluation at her house? 3 A. Yes. 4 Q. When you did the evaluation, I know 5 you mentioned her four children were around. 6 Was her husband Matthew around? 7 A. He was, but had just gone to sleep. 8 He works night and he was sleeping, and, 9 apparently, had a rough night so I did not need 10 him at the time of my visit. 11 Q. He was at the house, but you didn't 12 get to meet him because he was sleeping? 13 A. That's correct. 14 Q. Prior to your evaluation of 15 Mrs. Wadsworth, in-patient evaluation, did you 16 have any prior contact with her in the lead-up 17 to your home visit? 18 A. I did not. My staff may have called 19 and talked with her, because we did have 20 questionnaires forwarded to her to fill out in 21 preparation for my arrival. So my staff did, 22 but I did not. And it was all, basically, 23 perfunctory as far as scheduling and where her 24 address was. She lives – it's not like turning 25 your GPS on and going six blocks and finding her</p>	Page 28
<p>1 Wadsworth, did you conduct a full medical 2 examination on her? 3 A. Well, it depends what you call 4 "full." I, obviously, listened to her lungs and 5 felt her belly and looked at her skin. We did 6 range of motion. So we did a medical 7 evaluation, both a medical, as well as 8 orthopedic and neurologic, all the things that 9 would be required in looking at a burn patient 10 who had been intubated. 11 Q. And the only time that you saw 12 Mrs. Wadsworth, was that at – you have an 13 evaluation of patient for four hours, was that 14 when you saw Mrs. Wadsworth? 15 A. Correct. I spent four hours on April 16 13, 2023. 17 Q. It looks like you would have flown up 18 there on April 12th. And I presume you're 19 coming from Florida? 20 A. Correct. 21 Q. And then you did the evaluation on 22 the 13th? 23 A. Correct. 24 Q. And then you would have flown back to 25 Florida after that?</p>	Page 27	<p>1 house. She's out in the middle of nowhere. And 2 so it took us a little while to make sure we had 3 all the ideas on how to find her and so forth. 4 I did talk to her then on the phone 5 probably 15 minutes prior to my arrival, just 6 making sure I knew where – what was her house 7 and where her house was. 8 Q. It sounds like the first substantive 9 discussion you had with her would have been when 10 you arrived at her house; is that accurate? 11 A. That's accurate. 12 Q. And I believe in some of the 13 photographs that I saw, there was a female that 14 was with you assisting, correct? 15 A. Correct. Dr. Maria Ocasio. She's 16 been with me now for three years. She is board 17 certified as a life care planner. I bring two 18 with me. I just turned 78, and I'm going to try 19 to retire somewhere along the line, and so I 20 have another doctor with me. We've been 21 traveling together, two doctors, for a while. 22 This report is mine, but I do end up teaching so 23 that she knows my techniques and plans on how to 24 do things so I can retire. 25 Q. How do you spell Dr. Maria's last</p>	Page 29

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<p>1 name?</p> <p>2 A. Her name is on the letterhead. It's</p> <p>3 Ocasio-Silva, O-C-A-S-I-O - S-I-L-V-A. She was</p> <p>4 born in Puerto Rico and trained here in the</p> <p>5 United States.</p> <p>6 Q. How many total doctors do you have on</p> <p>7 staff at your location?</p> <p>8 A. I don't have them on staff. They all</p> <p>9 work.</p> <p>10 Dr. Ocasio is director of outpatient</p> <p>11 rehab services at Nemours Children's Hospital.</p> <p>12 I have Dr. Nicholas Bagnoli. He is</p> <p>13 director of inpatient rehabilitation services at</p> <p>14 AdventHealth in Orlando.</p> <p>15 I have Dr. Rafael Santiago. He is</p> <p>16 director of the traumatic brain injury program</p> <p>17 in Veterans Administration in Tampa.</p> <p>18 Those are my physicians who I am</p> <p>19 presently training to do life care planning.</p> <p>20 Q. Are those three other physicians,</p> <p>21 Drs. Ocasio-Silva, Bagnoli and Santiago, are</p> <p>22 they employees of your company or independent</p> <p>23 contractors?</p> <p>24 A. Independent contractors.</p> <p>25 Q. So you, basically, 1099 them at the</p>	Page 30	Page 32
<p>1 end of the year?</p> <p>2 A. Correct.</p> <p>3 Q. Did anyone else besides Dr.</p> <p>4 Ocasio-Silva join you for the home visit?</p> <p>5 A. And the children, that's it. No, no</p> <p>6 professional people came along, other than we</p> <p>7 call her Dr. Ocasio or Maria.</p> <p>8 Q. Did anyone besides you and Maria do</p> <p>9 any work from your office on this life care</p> <p>10 plan?</p> <p>11 A. Oh, definitely. I have an entire</p> <p>12 team that helps with the pricing. I have Leslie</p> <p>13 Watson. Leslie is nationally known. She's</p> <p>14 written all the chapters on pricing in</p> <p>15 Dr. Weed's textbook of life care planning. So</p> <p>16 she helps me with making the phone calls and</p> <p>17 helping to do the screenshots that are included</p> <p>18 in the report that goes from page 75 to page</p> <p>19 172. That is my documentation of resources.</p> <p>20 So I have her particularly help make</p> <p>21 phone calls and call different doctors in the</p> <p>22 community and ask them what their usual</p> <p>23 customary charges are. And she's the one that</p> <p>24 does all the research. Every research that she</p> <p>25 has done, she screenshots it and then puts it</p>	Page 31	Page 33

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<p>1 A. I do the review of records.</p> <p>2 Q. And do you take any notes during that</p> <p>3 process?</p> <p>4 A. No. I have what's called – I call</p> <p>5 it a living document. I start putting stuff</p> <p>6 right into the report as I review records. And</p> <p>7 that ultimately is incorporated into the final</p> <p>8 report. I have no three different levels of a</p> <p>9 report. We always work on the same document.</p> <p>10 Q. Would Dr. Maria help you with the</p> <p>11 review of records, or is that done totally on</p> <p>12 your own?</p> <p>13 A. She may have helped somewhere along</p> <p>14 the line. I mean, what we do is, when you're on</p> <p>15 a plane for two or three hours or we're in a car</p> <p>16 for two or three hours, we talk about the</p> <p>17 report. We talk about what we found. And so we</p> <p>18 bounce things off as a training. It's kind of</p> <p>19 like a residency program or a fellowship</p> <p>20 program. So you do share back and forth kind of</p> <p>21 opinions and so forth, but I reviewed the</p> <p>22 records.</p> <p>23 Q. And as far as the "Research: Cost of</p> <p>24 Services/Equipment research" at eight hours, was</p> <p>25 that done by Leslie Watson?</p>	Page 34	Page 36
<p>1 A. That would have been done by Leslie.</p> <p>2 Q. Any of those hours attributed to you</p> <p>3 or is that all Leslie's hours?</p> <p>4 A. That's Leslie's hours.</p> <p>5 Q. And then "Life Care Report</p> <p>6 Generation" at 10 hours, is that all you?</p> <p>7 A. Correct.</p> <p>8 Q. Is there anyone else in your office,</p> <p>9 whether it be Dr. Maria or Leslie, would they</p> <p>10 have helped in the report generation aspect?</p> <p>11 A. Not at all.</p> <p>12 And understand, what Leslie does is</p> <p>13 totally under my direction. I review what she</p> <p>14 does on about an every two-to-three-month</p> <p>15 period, making sure we're doing everything the</p> <p>16 way I want it to be done because it's all under</p> <p>17 my signature.</p> <p>18 Q. And then the last line item on your</p> <p>19 invoice relates to "Treating Drs. Questionnaire</p> <p>20 Fee."</p> <p>21 A. Yes.</p> <p>22 Q. And is that the – I saw a</p> <p>23 questionnaire that went to a Dr. LeChapelle.</p> <p>24 Is that what that relates to?</p> <p>25 A. Correct. So here in Florida,</p>	Page 35	Page 37

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<p>1 Dr. LeChapelle?</p> <p>2 A. I have not.</p> <p>3 Q. Has anyone from your office spoken</p> <p>4 with Dr. LeChapelle?</p> <p>5 A. We have not. Yesterday I reached out</p> <p>6 saying, Hey, where is this? And I think one</p> <p>7 person spoke to one of his secretaries or</p> <p>8 whatever. They did some research. And I was</p> <p>9 asked to – or they were asked to take this</p> <p>10 report and fax it to them, which was faxed</p> <p>11 yesterday to them.</p> <p>12 Q. And at least, as you sit here today,</p> <p>13 I think you previously testified, you don't have</p> <p>14 a completed copy of the questionnaire that you</p> <p>15 sent to Dr. LeChapelle?</p> <p>16 A. I do not have a returned copy, that's</p> <p>17 correct.</p> <p>18 Q. Okay.</p> <p>19 And when you say "returned," just so</p> <p>20 we're speaking the same language, you don't have</p> <p>21 a returned or a completed copy of this</p> <p>22 questionnaire, correct?</p> <p>23 A. Correct, yes. I have what I sent</p> <p>24 them and I expect for them to sign it, complete</p> <p>25 it and return it back to me. And I do not have</p>	Page 38	Page 40
<p>1 anything of that nature, that's correct.</p> <p>2 Q. Are there any of Stephanie</p> <p>3 Wadsworth's treating physicians that you –</p> <p>4 strike that.</p> <p>5 Have you spoken with any of Stephanie</p> <p>6 Wadsworth's treating physicians?</p> <p>7 A. I have not. After I saw the patient,</p> <p>8 I had some discussions with plaintiffs' counsel,</p> <p>9 as far as needing to get some additional</p> <p>10 clarification, because I'm not a plastic</p> <p>11 surgeon. And in order for me to put particular</p> <p>12 procedures in, it would be inappropriate for me</p> <p>13 to add those procedures.</p> <p>14 And you'll see in my life care plan,</p> <p>15 I have a list of procedures that I presume the</p> <p>16 patient is going to be needing, but I could not</p> <p>17 put in because that's outside of my wheelhouse.</p> <p>18 So I presume in the future, there will be some</p> <p>19 additional experts or counsel will set up an</p> <p>20 appointment for me to speak with those treating</p> <p>21 physicians. But at this point, none of that has</p> <p>22 been arranged at this point.</p> <p>23 Q. And it sounds like Dr. LeChapelle is</p> <p>24 the only one that you've actually reached out to</p> <p>25 as part of your work in this case?</p>	Page 39	Page 41

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<p>1 had training in life care planning, as usual. 2 So they often do not know or understand 3 frequency. They obviously don't understand all 4 the pieces. But we had begun doing it because 5 of some recent judgments here in Florida. So I 6 carry it out nationally wherever I go as well. 7 Q. Doctor, I'm going to pull up what we 8 will mark as Exhibit 63. 9 (Exhibit 63, Dr. Snyder's Elkins 10 List, is received and marked for 11 identification.) 12 Q. And this is your Elkins list which we 13 referred to previously a little bit, correct? 14 A. That's correct. 15 Q. And in looking at your Elkins list, 16 this is your first case that you've had in 17 Wyoming; is that accurate? 18 A. Correct. 19 Q. And in looking at the list, which 20 isn't surprise given where you're based, it 21 looks like about 95 percent plus or so are 22 Florida cases, correct? 23 A. Correct. 24 Q. And then over the past five years, it 25 looks like that you've worked with Morgan &</p>	Page 42	Page 44
<p>1 Morgan on more than 30 cases. 2 Does that sound accurate? 3 A. I have no idea. I haven't counted. 4 You know, they're all over the country, and 5 different attorneys ask us to see cases. So I 6 started, basically, just keeping the names of 7 the attorneys that hired me, because I've had 8 all sorts from all over and I just don't know 9 even where they're from anymore. 10 Q. You agree you've worked with Morgan & 11 Morgan on a number of cases? 12 A. If you added up 30, then that's it. 13 But I have not sat down and looked at it. 14 That's a possibility. 15 Q. Does 30 sound about accurate for the 16 past five years for Morgan & Morgan? 17 A. I think that's accurate, five years 18 or so, yes. 19 Q. And, obviously, for some of them, you 20 just list them by attorney, so who knows if that 21 attorney was with Morgan & Morgan at the time or 22 if they have moved on? 23 A. Correct. Sometimes they started it 24 and they moved into Morgan & Morgan, and so 25 forth, yes.</p>	Page 43	Page 45

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<p>1 in that regard?</p> <p>2 A. Yes, that was a high voltage line.</p> <p>3 I've done some others. I had a</p> <p>4 pediatric case, where a pressure cooker exploded</p> <p>5 and a little girl lost arms and legs. I've got</p> <p>6 four or five burns that I've done. I don't know</p> <p>7 if they're lifted. It may be. I've done quite</p> <p>8 a few cases where I did not have to do a</p> <p>9 deposition or go to court as well.</p> <p>10 Q. Okay.</p> <p>11 I could tell you that I searched</p> <p>12 Exhibit 63 for the term "burn," "burns," "fire,"</p> <p>13 or anything that could be related, and those are</p> <p>14 the only two that came up.</p> <p>15 A. Okay.</p> <p>16 Q. So at least those would be the only</p> <p>17 two that you would have provided any deposition</p> <p>18 for, correct?</p> <p>19 A. Correct, correct.</p> <p>20 Q. And it sounds like you may have done</p> <p>21 some others, but either you were in the</p> <p>22 background, or it never got to a deposition</p> <p>23 phase?</p> <p>24 A. That's correct. I've had three or</p> <p>25 four electrical burns, a product liability</p>	Page 46	Page 48
<p>1 pressure cooker exploded for a four-year-old.</p> <p>2 I've had quite a few, yes.</p> <p>3 Q. Okay.</p> <p>4 And electrical burns are typically</p> <p>5 different from fire impingement burns by way of</p> <p>6 treatment, correct?</p> <p>7 A. I don't know about treatment. I'm</p> <p>8 not a treatment person. But as far as the</p> <p>9 long-term outcomes, it depends on how severe it</p> <p>10 is.</p> <p>11 Q. As far as their life care plan goes,</p> <p>12 they would have different needs from an</p> <p>13 electrocution perspective than a burn injury</p> <p>14 from a fire or flame impingement, correct?</p> <p>15 A. Well, the life care plan would be</p> <p>16 dependent on what their long-term needs are.</p> <p>17 Certainly, there's more cardiac events with an</p> <p>18 electrical burn. There's often more cognitive</p> <p>19 issues with an electrical burn. But that does</p> <p>20 not preclude, just because of the diagnosis, you</p> <p>21 do a life care for what the patient is presently</p> <p>22 needing. Each individual is specific.</p> <p>23 Q. And, generally, electrical burns have</p> <p>24 less TBSA on the exterior of the body, meaning</p> <p>25 on the skin - TBSA meaning total body surface</p>	Page 47	Page 49

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<p>1 upon you?</p> <p>2 A. No, I do not.</p> <p>3 Q. And the Collett case was with</p> <p>4 Attorney Donny Owens with Morgan & Morgan.</p> <p>5 Do you know him?</p> <p>6 A. No. I mean, I remember some kind of</p> <p>7 case where they did not present me appropriately</p> <p>8 as almost very similar to what I got in this</p> <p>9 contract, as the treating physician doing a life</p> <p>10 care plan, but I did not think that was</p> <p>11 successful. But it was not my opinions that</p> <p>12 were challenged, that I'm aware of.</p> <p>13 Q. You don't think in the Collett case</p> <p>14 that they changed the methodology or opinions</p> <p>15 that you utilized?</p> <p>16 A. I think that's what they were going</p> <p>17 after, but they didn't understand my background</p> <p>18 and training. I don't know, counselor. But,</p> <p>19 certainly, it's not germane to what I do in my</p> <p>20 practice in life.</p> <p>21 Q. Have you read the Collett case?</p> <p>22 A. No.</p> <p>23 Q. It was issued in 2022 from the Middle</p> <p>24 District Florida Jacksonville Division.</p> <p>25 You're not aware of what the specific</p>	Page 50	Page 52
<p>1 decision is in that case, are you?</p> <p>2 A. No, not at all. I knew they were</p> <p>3 fighting, and I said something to the attorneys</p> <p>4 and they never got back to me. So this is news</p> <p>5 to me.</p> <p>6 Q. Okay.</p> <p>7 Just to show you the decision here,</p> <p>8 to the extent you want to look into it further,</p> <p>9 you can see that defendants' motion to strike or</p> <p>10 limit testimony of Dr. Ronald Synder was</p> <p>11 granted.</p> <p>12 A. And it looks like multiple were</p> <p>13 granted. It looked more like a problem with</p> <p>14 lawyering to me.</p> <p>15 MR. AYALA: Let me just object to the</p> <p>16 form of the question, and I'll leave it at</p> <p>17 that. I'll object to the form of the</p> <p>18 question.</p> <p>19 BY MR. LaFLAMME:</p> <p>20 Q. Doctor, so it sounds like,</p> <p>21 ultimately, you don't know what the end result</p> <p>22 was of the Collett case, and that this was the</p> <p>23 first time that you've heard that your testimony</p> <p>24 was successfully challenged in that case?</p> <p>25 A. Yes, I remember them discussing it,</p>	Page 51	Page 53

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<p>1 Q. All right.</p> <p>2 Well, as far as – so it sounds like</p> <p>3 Mr. Ayala would have been the first attorney</p> <p>4 that you spoke with when you opened this case;</p> <p>5 is that correct?</p> <p>6 A. It's just, basically, we run over</p> <p>7 60,000 feet the story of what I'm going to be</p> <p>8 seeing. And they, basically, get the records to</p> <p>9 me. And most of the time, my questioning is the</p> <p>10 timeline, because I'll get a referral and they</p> <p>11 want to get a life care plan in six weeks, and</p> <p>12 it can't be done. So I, basically, try to</p> <p>13 understand what I can do and what I can't do for</p> <p>14 the system, and then we ask for the records and</p> <p>15 we fly.</p> <p>16 Q. Now, have you worked with Mr. Ayala</p> <p>17 previously?</p> <p>18 A. I don't know.</p> <p>19 THE WITNESS: I mean, counselor, your</p> <p>20 face looks familiar, maybe, but I don't</p> <p>21 remember.</p> <p>22 A. Again, you know, my exposure to the</p> <p>23 attorneys is a phone call, and then about only</p> <p>24 20 percent end up with depositions, so I don't</p> <p>25 see the attorneys. The name doesn't even cross</p>	Page 54	Page 56
<p>1 my mind at all on the case at all. So I</p> <p>2 unfortunately am not that oriented, from a</p> <p>3 public relations point, to know all the</p> <p>4 attorneys that reach out to me.</p> <p>5 Q. Are there any other attorneys for</p> <p>6 Mrs. Wadsworth that you have worked with on this</p> <p>7 case besides Mr. Ayala?</p> <p>8 A. I have no idea who she has, as far as</p> <p>9 attorneys. I only know this particular</p> <p>10 situation.</p> <p>11 Q. A Greyson Goody, does that name sound</p> <p>12 familiar?</p> <p>13 A. Not that I'm aware of.</p> <p>14 Q. And I believe an Eitan Goldrosen is</p> <p>15 another attorney from Morgan & Morgan that has</p> <p>16 done some work on this case.</p> <p>17 A. I don't know. That's certainly not</p> <p>18 familiar. He could have put something in the</p> <p>19 file that went to my staff. But I certainly</p> <p>20 don't know the name or focused on any of that.</p> <p>21 Q. How about any of the paralegals at</p> <p>22 Morgan & Morgan, have you worked with them on</p> <p>23 this matter?</p> <p>24 A. My staff would have talked to the</p> <p>25 paralegals as far as setting up appointments and</p>	Page 55	Page 57

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<p>1 Q. Are those all the documents that you 2 would have reviewed as part of your work in this 3 case?</p> <p>4 A. Correct.</p> <p>5 Q. Are there any additional documents 6 that you have reviewed since you authored this 7 report that are not listed in this report?</p> <p>8 A. No. The only thing I've gotten back 9 is that they had not received my questionnaire, 10 so, no, I got nothing back. I have nothing new 11 that I'm aware of.</p> <p>12 Q. And there are not any – there is not 13 any deposition testimony listed as part of your 14 "Documents Reviewed," so does that tell you that 15 you have not reviewed any deposition testimony?</p> <p>16 A. That is correct.</p> <p>17 Q. And since it's not listed under 18 "Documents Reviewed," I presume you have not 19 reviewed any of the videos or body camera 20 footage from the evening of the accident – or 21 the morning of the accident?</p> <p>22 A. I did get – they did send me some 23 photos acutely, and I think I did see – I'm 24 trying to remember if I had my staff download 25 it, or something from the news, something of an</p>	Page 58	Page 60
<p>1 video, an interview of the gentleman who got her 2 out of the house. I did review some of that.</p> <p>3 Q. Was that a news clip, as opposed to 4 body camera footage from the responding 5 officers?</p> <p>6 A. Counselor, I don't remember. I would 7 have seen it just before I saw the patient. And 8 that just kind of – as a physician, I'm just 9 trying to get an idea of what I'm going to be 10 seeing before I see the patient. It does not 11 ultimately add anything to my long-term 12 planning. It just gets me ready and prepared to 13 see the patient.</p> <p>14 Q. Okay.</p> <p>15 As part of your interview process 16 with Mrs. Wadsworth, did you have any discussion 17 about what may have caused the fire?</p> <p>18 A. Certainly – it was certainly the 19 background, I understand that there was a 20 hoverboard that caught on fire. I don't – I 21 knew that as, generally, the question that was 22 being at hand. I am not a factfinder, so I 23 don't remember questioning her specifically what 24 she saw or did, but I just knew that was the 25 premise of the report.</p>	Page 59	Page 61

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<p>1 origin and cause investigation, correct?</p> <p>2 A. That's correct.</p> <p>3 Q. Are there any documents that you</p> <p>4 asked for as part of your evaluation in this</p> <p>5 case that you are waiting to receive or just</p> <p>6 have not been given?</p> <p>7 A. After I saw the patient, I did speak</p> <p>8 with counsel, indicating that I could not put in</p> <p>9 the specific types of plastic surgical</p> <p>10 procedures, the types of pulmonary procedures</p> <p>11 and so forth; that if he did do that, then I</p> <p>12 would have to – I would then do the research</p> <p>13 and the costs. So I did have listed the</p> <p>14 procedures that I could not do pricing for that</p> <p>15 I suggested would ultimately come if I got</p> <p>16 further documentation. And that would be found</p> <p>17 on page 64.</p> <p>18 Q. Okay.</p> <p>19 A. That I could not do life care</p> <p>20 planning as a physiatrist, and, therefore,</p> <p>21 suggested that we were going to need some</p> <p>22 additional consultations, if I were to put those</p> <p>23 values into the life care plan.</p> <p>24 Q. Since we've been referring to your</p> <p>25 report, Doctor, why don't we just go ahead and</p>	Page 62	Page 64
<p>1 mark it.</p> <p>2 I'm going to show you a copy of your</p> <p>3 report. And we can mark your report as Exhibit</p> <p>4 64.</p> <p>5 (Exhibit 64, Life Care Plan Report</p> <p>6 prepared by Ronald Snyder, M.D., is</p> <p>7 received and marked for identification.)</p> <p>8 Q. And just so we can confirm that we're</p> <p>9 on the same page here, obviously, I won't page</p> <p>10 through all 172 pages to have you authenticate</p> <p>11 them, but here is the first page, and it's 172</p> <p>12 pages long.</p> <p>13 Is that consistent with the report</p> <p>14 that you authored in this case?</p> <p>15 A. That is correct.</p> <p>16 Q. And then I'll also mark as Exhibit</p> <p>17 65, I've call it the Life Care Plan Summary, I</p> <p>18 don't know if you have a different name for it,</p> <p>19 but it is a five-page document that, kind of,</p> <p>20 basically, boils down the 172 pages into a</p> <p>21 little more readable format.</p> <p>22 (Exhibit 65, Lifetime Cost Summary,</p> <p>23 is received and marked for identification.)</p> <p>24 A. What it is is, the life care plan is</p> <p>25 what we just spoke about, the Word document.</p>	Page 63	Page 65

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<p>1 A. No. Basically, this is something I 2 give to the attorneys, so that they can end up 3 getting an idea of what they ultimately send to 4 an economist. And the economists do not use 5 this. They use the actual 172-page report for 6 them to do their own reports.</p> <p>7 Q. And in your report, you do not 8 provide any final figures, correct, as far as 9 what the overall life care plan would cost?</p> <p>10 A. Correct. I, basically, do a weekly, 11 yearly, monthly of the values. And then I have 12 that report ultimately go to the economists, 13 because they do lots of other manipulations with 14 those numbers for an ultimate amount of money 15 that should be involved.</p> <p>16 Q. Okay.</p> <p>17 So you would ultimately rely on an 18 economist to provide the final life care plan 19 figures that would be claimed as damages in this 20 case?</p> <p>21 A. That's correct.</p> <p>22 Q. Okay.</p> <p>23 So as you sit here today, you, as a 24 life care planner, you do not provide the final 25 figures that would be attributable to the damage</p>	Page 66	Page 68
<p>1 claim, correct?</p> <p>2 A. Correct.</p> <p>3 Q. Are you aware of any economist that 4 has done the calculations relative to your life 5 care plan in this case?</p> <p>6 A. I am not.</p> <p>7 Q. Okay.</p> <p>8 Is it a typical situation where – or 9 let me take a step back.</p> <p>10 Generally, when you do your life care 11 plans, are you in contact with the economist to 12 provide them your life care plan?</p> <p>13 A. No. Most of the time, my reports are 14 simply sent to the economists. Occasionally, 15 I'll get a phone call wanting me to define 16 biweekly or some kind of a question as far as 17 verbiage. But the majority of the time I am not 18 contacted by the economists.</p> <p>19 Q. Okay.</p> <p>20 And then there were three 21 questionnaires that you had Mrs. Wadsworth 22 complete?</p> <p>23 A. Yes.</p> <p>24 Q. And they were completed prior to your 25 home visit; is that accurate?</p>	Page 67	Page 69

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<p>1 of 3, I have pages 1 through 5 all in 2 consecutive order, so I do have the 3 even-numbered pages there. 4 Is that the full report or the full 5 questionnaire? 6 A. That is the full report. 7 MR. LaFLAMME: Then why don't we take 8 a quick break. We've been going around an 9 hour and a half anyway, so it's probably 10 about that time. Could you have the full 11 copies of Questionnaires 1 and 2 forwarded. 12 And I can put my e-mail in the chat. 13 THE WITNESS: I will have my staff 14 send it to plaintiff's counsel and they can 15 forward it to you. 16 Okay? 17 Q. Okay. 18 A. Because she's got that on her system. 19 MR. LaFLAMME: Why don't we take a 20 quick five minutes here. 21 (Recess.) 22 BY MR. LaFLAMME: 23 Q. Doctor, we talked quickly off the 24 record. You're going to get me copies through 25 Attorney Ayala for the two questionnaires, No. 1</p>	Page 70	Page 72
<p>1 and No. 2, that were missing some pages, so 2 we'll hold off going through those in any 3 detail. 4 But just generally discussing the 5 questionnaires, those three questionnaires would 6 have been sent to Mrs. Wadsworth in advance of 7 your home meeting? 8 A. Correct. 9 Q. And would you have received the 10 responses prior to your home evening or are 11 those given to you at that meeting? 12 A. I believe she gave them to me at the 13 meeting. 14 Q. Were they already completed at that 15 point or did she complete them while you were 16 there for your home meeting? 17 A. They were completed before. She 18 handed them to us and we go through the 19 questionnaire with her. 20 Q. Okay. 21 And as far as you understand, it is 22 Stephanie that completed each of the three 23 questionnaires herself, correct? 24 A. Correct. That's an interesting 25 question. I've been asked that so many times I</p>	Page 71	Page 73

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<p>1 to do. So I review the questionnaires with the 2 patient as well, as well as what my 3 understanding of the past medical records 4 entailed. That normally takes about an hour. 5 I then basically do a physical exam. 6 And so we do a medical exam. And then depending 7 upon the problems, we would end up doing a 8 neurological evaluation, an orthopaedic 9 evaluation. And then in this particular case, 10 we looked at the skin and looked at all of the 11 burned areas and photographed those. 12 I did not see her back live. She was 13 very embarrassed so those pictures of the back 14 were taken with my female doctor when she went 15 in the bedroom and took those pictures. I did 16 look at them on my way driving back to the 17 hotel, but I did not physically take those 18 photographs, but I wanted to see what her back 19 looked like. 20 Then, normally, what we do, I review 21 with the patient kind of like what I think needs 22 to be in the life care plan. Are they in 23 agreement? Are they in disagreement? Who 24 should I reach out for treatment to get better 25 understandings and so forth.</p>	Page 74	Page 76
<p>1 So the next part in her case was 2 tying it all together. Often, that period of 3 time is spent with me walking around the house, 4 looking at pieces of equipment, activities of 5 daily living, braces, canes, wheelchairs, home 6 modifications and so forth, which were not 7 required in this particular case. 8 And then we, basically, review with 9 the patient what I think I'm going to be putting 10 in the life care plan, and then we head out. It 11 takes about two to four hours, depending upon 12 what we're going to be doing in reviewing and so 13 forth. 14 Q. The medical records that you go with 15 her, do you physically have hard copy medical 16 records with you at the appointment? 17 A. No. Basically, what is the first two 18 or three pages of my report, that's what I go 19 through with my understanding. 20 Q. So when you go for the home visit, 21 have you already started filling in your report 22 template? 23 A. Yes. So, basically, the report has 24 the review of records. And if the review of 25 records says she is allergic to bee stings, I</p>	Page 75	Page 77

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<p>1 documents, I don't know whether it was last week 2 or not, but we got them last week. 3 Is it your understanding that you 4 provided your full discoverable expert file to 5 Attorney Ayala? 6 A. I do. But I don't send the medical 7 records that I have. I request defense or 8 plaintiff to go ahead and send that. Because 9 every once in a while, I have some records that 10 were reported to you while I'm on the road 11 someplace, and I'll look at it on my laptop and 12 I fail to file it, so I do ask for plaintiffs to 13 forward a complete set of records to you. 14 Q. Okay. 15 And just so we're clear, I think I've 16 asked this before, though, but the documents 17 that you did review, the medical records you 18 reviewed are all itemized on pages 3, 4 and 5 of 19 Exhibit 64, and it lists 47 different groups of 20 medical records that you've reviewed? 21 A. That's correct. 22 Q. And you have not received any 23 additional medical records beyond those that are 24 listed in your report, correct? 25 A. That's correct. I have not worked on</p>	Page 78	Page 80
<p>1 this case since I saw the patient and generated 2 this report. 3 Q. All right. 4 In looking at the report, the date of 5 the report is 6/4/2024 on page 1. 6 Do you see that? 7 A. Yes. 8 Q. And is that the last time you would 9 have done any substantive work on your opinion 10 for this case? 11 A. Correct. That's when I would have 12 received the research – looked at the research 13 and put the whole thing together and signed it 14 and got it off to plaintiff. So that's normally 15 the date that I send it to plaintiff's 16 attorneys. 17 Q. When you're talking about the 18 research, is that the research that Leslie does 19 on pricing? 20 A. Correct. And I have somebody who is 21 doing proofreading and so forth, so it's a team 22 effort. 23 Q. Since you've issued the report on 24 June 4, 2024, have you been asked to do any 25 additional work?</p>	Page 79	Page 81

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<p>1 pages on your end?</p> <p>2 A. That's correct, yes.</p> <p>3 MR. LaFLAMME: So we will mark that</p> <p>4 as Exhibit 67.</p> <p>5 (Exhibit 67, Questionnaire No. 2, is</p> <p>6 received and marked for identification.)</p> <p>7 Q. And then the third one is Medical</p> <p>8 Questionnaire 3 of 3, which has six pages, but</p> <p>9 it looks like really it's a five-page document</p> <p>10 with the sixth being a blank page.</p> <p>11 A. That's correct.</p> <p>12 MR. LaFLAMME: So we will mark that</p> <p>13 as Exhibit 68, Questionnaire No. 3.</p> <p>14 (Exhibit 68, Questionnaire No. 3, is</p> <p>15 received and marked for identification.)</p> <p>16 Q. And those are all the three</p> <p>17 questionnaires that Mrs. Wadsworth has completed</p> <p>18 in this case, correct?</p> <p>19 A. That's correct.</p> <p>20 Q. Or at least with respect to your</p> <p>21 work?</p> <p>22 A. That's correct.</p> <p>23 Q. Now, getting back to your report, on</p> <p>24 page 2 at the bottom, there's a reference to</p> <p>25 some outpatient physical therapy that</p>	Page 82	Page 84
<p>1 Mrs. Wadsworth did through High Plains Physical</p> <p>2 Therapy.</p> <p>3 Do you see that?</p> <p>4 A. Correct.</p> <p>5 Q. Okay.</p> <p>6 Is that the physical therapy outfit</p> <p>7 that she stopped going to?</p> <p>8 A. Correct. From my understanding, yes.</p> <p>9 And she indicated that they did not</p> <p>10 know how – they, basically, were orthopedic</p> <p>11 physical therapists, not burn therapists.</p> <p>12 Q. Okay.</p> <p>13 Has she undergone any physical</p> <p>14 therapy since being released from the hospital,</p> <p>15 other than with High Plains Physical Therapy?</p> <p>16 A. Not that I'm aware of. I mean, she</p> <p>17 does the classic kind of stretching of the</p> <p>18 scars. When she puts her Vaseline on, she does</p> <p>19 break up some scar tissue and so forth. But I</p> <p>20 do not know if she's had any actual physical</p> <p>21 therapy from that point on – or from that point</p> <p>22 on, I should say.</p> <p>23 Q. On page 3, you reference a couple of</p> <p>24 hospitalizations or medical appointments that</p> <p>25 she had. It looks like one was for COVID. One</p>	Page 83	Page 85

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<p>1 it.</p> <p>2 So, I mean, I had a long discussion</p> <p>3 with her. I told her she needs to move to Utah.</p> <p>4 And she's not been able to get a lot of</p> <p>5 treatments. From what my understanding is, it's</p> <p>6 basically because of the travel and the time off</p> <p>7 from work and so forth. So she's missing a lot</p> <p>8 of the treatments.</p> <p>9 And the treatments she told me she</p> <p>10 needed to be every two weeks, every six weeks.</p> <p>11 And that's why I thought, when I got that story,</p> <p>12 we really need to have a plastic surgeon to give</p> <p>13 me the optimal number of what needs to be done</p> <p>14 so I can provide an appropriate life care plan.</p> <p>15 Q. So as far as laser therapy treatments</p> <p>16 going forward, you don't have an opinion as to</p> <p>17 what those may be, correct?</p> <p>18 A. Well, she's had a lot. And she</p> <p>19 actually had to have anesthesia for it. They're</p> <p>20 large areas. But, again, I don't have a plan.</p> <p>21 And I don't have, actually, the area. And I</p> <p>22 would kind of like need to have a plastic</p> <p>23 surgeon let me know what the CPT code would be</p> <p>24 for that and so forth to really accurately</p> <p>25 provide a life care plan.</p>	Page 86	Page 88
<p>1 Q. Right.</p> <p>2 So as you sit here today, you, number</p> <p>3 one, don't know the frequency of laser therapy</p> <p>4 treatment that she'll need going forward,</p> <p>5 correct?</p> <p>6 A. Correct.</p> <p>7 Q. And you don't know the duration,</p> <p>8 meaning how many years into the future or how</p> <p>9 often she'll need the laser therapy treatment,</p> <p>10 correct?</p> <p>11 A. Correct.</p> <p>12 Q. And you don't have the cost of the</p> <p>13 laser therapy treatment, correct?</p> <p>14 A. Correct. So I only put in office</p> <p>15 visits. And I don't have any procedures.</p> <p>16 Q. And as far as the injections that she</p> <p>17 is getting or has received, do you know what</p> <p>18 those injections are and where they are located?</p> <p>19 A. I don't. It sounded like they may</p> <p>20 have been PRP. It sounded like it may have been</p> <p>21 the stem cell stuff. It also sounded like maybe</p> <p>22 some steroids which are often injected, but I</p> <p>23 don't know what their plans are.</p> <p>24 Q. Okay.</p> <p>25 So similar questions with respect to</p>	Page 87	Page 89

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<p>1 wheelhouse. But it's obviously a real 2 disability and really prevents her from 3 functioning in life. 4 Q. So with respect to the calluses on 5 her feet, it looks like they're bilaterally to a 6 certain extent? 7 A. Yes. 8 Q. Is one foot worse than the other, do 9 you know? 10 A. No. They're both bad. The right 11 have one, two, three, four, five, six. And the 12 left had two or three as well. So it was 13 unique. I've never seen it in my life like 14 that. It literally looked like she had grown 15 toenails to the bottom of her foot. 16 Fascinating. 17 Q. And as far as the treatment going 18 forward to address the calluses; is that the 19 correct term for it? 20 A. I think that's what one of the 21 doctors called it. It's hyperkeratosis. I 22 mean, it's unique. 23 Q. I'll use the term calluses just 24 because it's easier to say. 25 A. Sure.</p>	Page 90	Page 92
<p>1 Q. With respect to the calluses that she 2 has on her left and right foot, as you sit here 3 today, you don't know what type of treatment she 4 will require going forward, correct? 5 A. Correct. I mean, my experience has 6 been, they've done radiation to some of my 7 patients that have done this. I've seen where 8 they do cold laser treatments, two treatments. 9 I just don't know. I think, certainly, just 10 shaving off the calluses, which is what she has 11 had so far, is not appropriate, and she's going 12 to need more than that, but I don't know. I 13 have to refer to a plastic surgeon. 14 Q. And you don't know what type of 15 duration of treatment she may need to address 16 the calluses on her feet, correct? 17 A. Correct. And that may be open-ended. 18 They may need to do that for a lifetime. I 19 don't know. 20 Q. The inverse of that is, it may not 21 need to be done for her lifetime, correct, you 22 just don't know? 23 A. Correct. 24 Q. Okay. 25 And the cost associated with any</p>	Page 91	Page 93

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<p>1 written inside the circles. I couldn't make 2 that out, though. 3 A. Right. There's an A, a T and a D. 4 And the A is for aching. The T is for tingling. 5 And the D is for dull. 6 So they fill out the questionnaire. 7 And on page 1 of the questionnaire, it ends up 8 asking them to put documentation as far as what 9 the pain or discomfort feels like. 10 Q. So is this diagram taken from the 11 Medical Questionnaire No. 1? 12 A. Correct. 13 Q. Okay. 14 And did you, as part of that 15 questionnaire, ask her to circle all areas that 16 she has pain? 17 A. That was the understanding of the 18 questionnaire. And, basically, the feet are the 19 real problem right now. I mean, I go into 20 detail where she can't be outdoors. She has 21 pain when the sun strikes. And she stretches 22 and she has pain in the hands. She leaves blood 23 everywhere if she uses her hands. And that's 24 somewhat discussed or described elsewhere in the 25 report. But this, basically, is her pain when</p>	Page 94	Page 96
<p>1 she filled it out in preparation for our coming 2 to see her. 3 Q. Okay. 4 And then on the next page of page 14, 5 and here you talk about the pain actually. Now 6 I see the achy, throbbing and dull that is 7 referenced there, which you just described from 8 the photograph. That's on the top of page 15. 9 A. Yes. 10 Q. And then for the pain intensity, it 11 looks like it ranges from a 1 to an 8 out of 10, 12 with a general average of 5 out of 10? 13 A. Correct. 14 Q. And when we're talking about this 15 pain report, we're talking about the two areas 16 where she circled on page 14, so, basically, her 17 bilateral feet? 18 A. Correct. And those numbers were 19 obtained from the questionnaire, on page 3 of 20 the questionnaire. 21 Q. And then looking further down on page 22 15, "Daily Biological Functions," there's a 23 discussion about sleep issues. 24 A. Correct. 25 Q. And do you know if Mrs. Wadsworth had</p>	Page 95	Page 97

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<p>1 alcohol at night as it helps her go to sleep. 2 Did you discuss her alcohol use? 3 A. I did. 4 Q. And what is your understanding of her 5 alcohol use? 6 A. She drinks two to three drinks of 7 hard liquor at night, and it's what helps her 8 sleep. So we had a discussion about that, and I 9 indicated that it's time to talk to a doctor to 10 get appropriate medication rather than 11 self-medication. 12 Q. Where did you get the number of two 13 to three alcoholic drinks per night? 14 A. That's what I'm trying to remember. 15 It's two to three a night. It was more than is 16 healthy. 17 Q. The number two to three alcoholic 18 drinks is not anywhere in your report. So where 19 is it? 20 A. I'm trying to remember. It was 21 something that was not healthy. So, certainly, 22 more than one or two is not healthy. So I 23 remember that's not healthy, so I remember two 24 to three. 25 Q. And are you aware that she testified</p>	Page 98	Page 100
<p>1 that she had upwards of 10 or more drinks at 2 night? 3 A. Wow. No. That's a lot. 4 Q. Are you aware that she was a heavy 5 drinker even prior to the fire? 6 A. I was. 7 From what I understand, she had 8 postpartum depression. And then she couldn't 9 get any medication, and she used alcohol for the 10 depression. And she ultimately had been on 11 alcohol. And I strongly discouraged that, and 12 spent some time talking with her about the need 13 to stop it and to get into some alcohol 14 treatment program. 15 Q. Are you aware that she was drinking 16 about 10 drinks per night even prior to the 17 fire? 18 A. Like I said, I don't remember that 19 number. 20 Q. Okay. 21 In looking at her medical records, 22 you're aware that she was given some medication 23 for alcohol withdraw, correct? 24 A. I don't remember that. You say that. 25 I don't remember seeing any hospitalizations for</p>	Page 99	Page 101

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<p>1 pigmentation problem, but then if you have a 2 burn that goes into the pigment layer, I don't 3 know whether or not additional services are 4 going to be required because of the preexisting 5 condition.</p> <p>6 We did talk about tattooing eyebrows 7 and so forth. There are ways – and she has 8 some changes in the pigmentation in the forehead 9 and so forth. I think plastic surgery may treat 10 her slightly differently because of that 11 diagnosis. She may be at more of a risk of a 12 more intense treatment.</p> <p>13 Q. Okay.</p> <p>14 Do you know where the pigmentation 15 issue affected her prior to the fire?</p> <p>16 A. I do not.</p> <p>17 Q. Is there a typical location that the 18 pigmentation issue generally affects someone or 19 is it really just –</p> <p>20 A. I haven't read the literature. In my 21 experience, I've seen it everywhere, so I don't 22 know.</p> <p>23 Q. So it really depends on the patient, 24 it could be various parts of the body?</p> <p>25 A. Correct.</p>	Page 102	Page 104
<p>1 And often it won't show up on the 2 body because you haven't tanned. So if you have 3 it in your face and you tan, the area would not 4 tan and would show up. But I don't know if it 5 affects other areas or not. It often shows up 6 on the face of someone who tans, and it doesn't 7 tan. It's more of a cosmetic issue, if it's on 8 the face.</p> <p>9 Q. Going to page 17, looking at her 10 prior medications, she was on Celexa, correct?</p> <p>11 A. Correct.</p> <p>12 Q. And that was to address her 13 postpartum depression?</p> <p>14 A. Correct.</p> <p>15 Q. Do you know when she stopped that?</p> <p>16 A. I do not. She indicated nobody 17 wanted to give it to her, so she didn't ask for 18 it anymore. I think she went to a nurse 19 practitioner or somebody, and they didn't want 20 to prescribe it for her.</p> <p>21 Q. Do you know when she would have 22 started taking Celexa?</p> <p>23 A. No, I don't.</p> <p>24 Q. Do you know which child it was 25 related to for the postpartum?</p>	Page 103	Page 105

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<p>1 functioning person.</p> <p>2 Q. Does she wear any protective gloves</p> <p>3 when she does her ADLs?</p> <p>4 A. No. We talked about wearing some</p> <p>5 gloves when she's out and about. But you can't</p> <p>6 use gloves when you're cooking. You can't use</p> <p>7 gloves, like, when you're reaching into the</p> <p>8 washer and dryer, she'll scrape her hand and</p> <p>9 she'll bleed. So they don't wear gloves</p> <p>10 normally throughout life. But you'll do it if</p> <p>11 you think you're doing something active like</p> <p>12 gardening and so forth.</p> <p>13 Q. Does she use gloves at all for any</p> <p>14 ADLs?</p> <p>15 A. I don't know. I know we talked about</p> <p>16 gloves, but I don't remember whether she uses</p> <p>17 them or not. I didn't see any or I would have</p> <p>18 photographed them.</p> <p>19 Q. So at least by Mrs. Wadsworth's</p> <p>20 self-reporting, she says that she does not need</p> <p>21 help with her ADLs, correct?</p> <p>22 A. She doesn't say she doesn't need</p> <p>23 help. She says, I'm doing it myself. She never</p> <p>24 asks for help. When I talked about what we</p> <p>25 would put in the life care plan, she was open to</p>	Page 106	Page 108
<p>1 it, but she had never thought about getting</p> <p>2 help.</p> <p>3 Q. Well, I'm looking at your summary on</p> <p>4 page 18, you use the term "does not need help,"</p> <p>5 correct?</p> <p>6 A. That's what she's saying, I don't</p> <p>7 need help, correct.</p> <p>8 Q. Okay.</p> <p>9 A. But understanding these patients</p> <p>10 don't know that they could ask for help, and</p> <p>11 they can't afford it. She's a very</p> <p>12 strong-willed lady who really pushes through.</p> <p>13 It's one of the kind of cases of patients we</p> <p>14 love in rehab, you know, they try to push</p> <p>15 forward as much as they can.</p> <p>16 Q. And just so it's clear on the</p> <p>17 Activities of Daily Living Questionnaire, which</p> <p>18 is Questionnaire 2 of 3, when you ask questions</p> <p>19 such as, "Do you need help grocery shopping?"</p> <p>20 "Do you need help with home maintenance?" On</p> <p>21 all of those she checked no, correct?</p> <p>22 A. Correct, correct.</p> <p>23 Q. And that's what you're summarizing</p> <p>24 here on page 18, correct?</p> <p>25 A. Correct, correct.</p>	Page 107	Page 109

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<p>1 what type of alcohol she drinks? Was that a 2 discussion at all?</p> <p>3 A. I know it's a hard liquor. It's not 4 beer, I know it's not wine, but I don't know 5 exactly what she's drinking.</p> <p>6 Q. Okay.</p> <p>7 With respect to, moving to page 20, 8 it looks like this is where we get to the BECK 9 Inventory Depression testing. And the BECK 10 Inventory Depression testing is part of 11 Questionnaire No. 1.</p> <p>12 A. Correct, pages 7 and 8.</p> <p>13 Q. And so pages 7 and 8 under the BECK 14 Inventory Questionnaire, that would have been 15 completed before you arrived as well, or is that 16 administered while you're there?</p> <p>17 A. It would have been completed before 18 my arrival.</p> <p>19 Q. So this is all part of the 20 Questionnaire No. 1?</p> <p>21 A. Correct.</p> <p>22 Q. And it's, basically, a multiple 23 choice questionnaire that has 21 questions. And 24 then it's, basically, ranked by the number of 25 points associated per question.</p>	Page 110	Page 112
<p>1 Is that how it's done?</p> <p>2 A. From not a symptom to severe 3 symptoms, with a score in between, 1 to 3 – 0 4 to 3.</p> <p>5 Q. So just by way of example, under BECK 6 Inventory Questionnaire No. 1, where the options 7 are "I do not feel sad," "I feel sad sometimes," 8 "I am sad all of the time," "I am so sad/unhappy 9 that I can't stand it," she circled, No. 1, 10 which is "I feel sad sometimes."</p> <p>11 So would that be 1 point under that 12 questionnaire?</p> <p>13 A. That's correct.</p> <p>14 Q. And then just by of example, jumping 15 down to 13, where there's talking of 16 disappointment or disgust with yourself, she 17 circled No. 2, "I am disgusted with myself," 18 which would correlate to two points, correct?</p> <p>19 A. Correct.</p> <p>20 Q. And then you just add up all of those 21 numbers, and whatever the total comes out to, 22 which in her case looks to be 24 points, which 23 falls under the moderate depression range?</p> <p>24 A. Correct.</p> <p>25 Q. Do you know if she has received any</p>	Page 111	Page 113

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<p>1 Certainly, they might use it as a screening when 2 a patient first comes in. But they generally 3 use much more sophisticated questioning. 4 Q. And the BECK Inventory Questionnaire, 5 do you know if that's used by neuropsychs? 6 A. I have seen it in some neuropsychs, 7 but, again, they have more sophisticated 8 testing. 9 Q. From your perspective, it sounds like 10 the BECK Inventory Questionnaire is kind of a 11 quick way to give a broad overview as to how 12 someone is feeling? 13 A. Correct. 14 Q. And it's not an in-depth analysis, but 15 it's more, I guess, a broad scope quick 16 questionnaire that can be evaluated? 17 A. Correct. 18 Q. If you could go to page 27, there's a 19 reference to a neurologic examination that was 20 provided. 21 Who provided that examination? 22 A. I did. 23 Q. And was that in conjunction with 24 Dr. Maria, or is that done on your own? 25 A. Well, she's in the room. We do it</p>	Page 114	Page 116
<p>1 together. 2 Q. Now, with respect to the neurological 3 examination, you are performing this from the 4 view of a psychiatrist, as opposed to a 5 neurologist, correct? 6 A. Correct, correct. 7 Q. And I think you certainly agree that 8 you're not a neurologist, correct? 9 A. Correct, but we do neurologic 10 examinations as often as neurologists does on a 11 daily basis in our offices and in a hospital. 12 Q. Are you offering any specific 13 neurological opinions in this case? 14 A. No. The only thing I found was some 15 sensory abnormalities. And she had decreased 16 sensation in the foot which corresponded to a 17 prior lumbar surgery, so we did find that. 18 And, then, basically, the entire area 19 of the scars, we have a pinwheel, and we kind of 20 go up and down and we touch, and she did not 21 have the ability to differentiate in the scarred 22 areas between sharp, dull and light touch. So 23 there's altered sensation, which we would 24 anticipate because the burns are in the area 25 where sensation organs are for the skin. So,</p>	Page 115	Page 117

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<p>1 Q. Okay.</p> <p>2 And it sounds like, for the most</p> <p>3 part, there's a decreased sensation in most if</p> <p>4 not all of those areas?</p> <p>5 A. Correct. It made sense because those</p> <p>6 are 3rd degrees. And basically all the areas of</p> <p>7 third degree had loss of sharp to dull</p> <p>8 circulation.</p> <p>9 Q. And then if you could go to page 29,</p> <p>10 Doctor, "Potential Medical Complications to</p> <p>11 Family Members," those are just some general</p> <p>12 statements that you've made, but, again, aren't</p> <p>13 offering any specific opinions in that regard,</p> <p>14 correct?</p> <p>15 A. Correct. Those are what we call</p> <p>16 anticipatory guidance when you have somebody who</p> <p>17 comes to you with a problem of concern that you</p> <p>18 need to be thinking about when you see a</p> <p>19 patient.</p> <p>20 Q. And we talked about page 30 to 35,</p> <p>21 which is where you get into some of the</p> <p>22 citations related to various goals or</p> <p>23 definitions within the life care planning</p> <p>24 industry, correct?</p> <p>25 A. Basically, the methodology.</p>	Page 118	Page 120
<p>1 Q. And I think that you had said that</p> <p>2 these are common snippets that you put in your</p> <p>3 life care plans, depending on the nature of the</p> <p>4 person that you are doing the life care plan</p> <p>5 with?</p> <p>6 A. Yeah. So, basically, all the way</p> <p>7 through up to 37 are classically used in all of</p> <p>8 my life care plans, because the methodology</p> <p>9 really does not change.</p> <p>10 Then beginning at page 37, we start</p> <p>11 talking about the discussion of burns, which</p> <p>12 would be unique for this report.</p> <p>13 Q. And then you got exactly where I was</p> <p>14 going next, so on page 37, with the discussion</p> <p>15 of burns, I know you have a citation to where</p> <p>16 this is pulled from.</p> <p>17 Is this a summary of the materials</p> <p>18 included in the citation?</p> <p>19 A. Yes.</p> <p>20 Q. And these are general discussions on</p> <p>21 burn injuries, as opposed to specific</p> <p>22 discussions as to Mrs. Wadsworth?</p> <p>23 A. Correct. This is literature</p> <p>24 discussion, in general, long-term concerns and</p> <p>25 so forth.</p>	Page 119	Page 121

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<p>1 From understanding all the training 2 and education and background, the methodology 3 nationally for care life planners is the 75th 4 percentile.</p> <p>5 Q. Okay.</p> <p>6 Are you aware of any life care 7 planners that use the 50th percentile?</p> <p>8 A. Absolutely. And they tend to be 9 mostly defense, who do mostly defense work-ups. 10 And I've often asked them to please show the 11 methodology and look at what is required for us 12 life care planners.</p> <p>13 Q. As far as the specific studies or 14 literature that supports the 75th percentile, as 15 you sit here today, are you able to name any of 16 them?</p> <p>17 A. No. But it's the standard, that, if 18 you take a course in life care planning, it's 19 the 75th percentile.</p> <p>20 Q. So is it your testimony that, if you 21 take any course on life care planning, you're 22 instructed to use the 75th percentile for the 23 PMIC?</p> <p>24 A. Yes. That's part of my training and 25 background and absolutely part of my textbook</p>	Page 122	Page 124
<p>1 that sits right behind me, that's correct.</p> <p>2 Q. What is the textbook that's behind 3 you?</p> <p>4 A. Weeds Textbook of Life Care Planning.</p> <p>5 Q. How do you spell that?</p> <p>6 A. W-E-E-D. I think there's five 7 editions, maybe four editions.</p> <p>8 Q. Moving to page 41, there's a 9 discussion about "Work Expectations."</p> <p>10 Are you there?</p> <p>11 A. I'm there.</p> <p>12 Q. Okay.</p> <p>13 For the "Work Expectation" section, 14 are you aware that there is no vocational loss 15 claim in this case?</p> <p>16 A. I'm aware of it. She was a 17 stay-at-home mom, but sometimes people will want 18 to work later on, and understand that she could 19 have a difficult time trying to find a vocation 20 because of sleep and pain and so forth, with 21 standing and so forth.</p> <p>22 This is a common paragraph that I 23 keep in almost all of my reports that have 24 significant limitations of physical 25 capabilities.</p>	Page 123	Page 125

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<p>1 been produced in this case is what I'm getting 2 at?</p> <p>3 A. I don't know exactly what you mean by 4 that.</p> <p>5 Q. Okay.</p> <p>6 So with respect to the pricing 7 research that you have done, that's related to 8 the various life care plan items that you are 9 saying Mrs. Wadsworth needs, correct?</p> <p>10 A. That's correct.</p> <p>11 Q. To get to the life care plan items 12 that you think Mrs. Wadsworth needs, for that, 13 you are relying on the review of medical 14 records, the history obtained and the physical 15 examination?</p> <p>16 A. Yes. Thank you.</p> <p>17 Q. And the history obtained, I presume 18 that's the history directly from Mrs. Wadsworth, 19 or is there other history that you are 20 referencing there?</p> <p>21 A. When I do a history in my report, 22 it's, basically, a combination of the review of 23 records, what the patient has said, what the 24 patient has agreed to, what was in the report, I 25 kind of put that all together like a physician</p>	Page 126	Page 128
<p>1 does. You talk to the patient and then you 2 write the report as far as the history told to 3 them. It's a combination of all the above.</p> <p>4 Q. And then starting on page 52 is where 5 you get to a discussion of life expectancy, 6 correct?</p> <p>7 A. Yes.</p> <p>8 Q. All right.</p> <p>9 And for Mrs. Wadsworth, you used the 10 life expectancy of 81 years old?</p> <p>11 A. I don't add it up, but it would say 12 44 additional years when I saw her at 37 years.</p> <p>13 Q. Right. So I just did the arithmetic.</p> <p>14 That gets you to 81, correct?</p> <p>15 A. Okay. That's not a number we 16 normally think of. We talk about the number of 17 years needed to do the math.</p> <p>18 Q. When you saw her she was 37 years 19 old, and then you determined that, as a 20 non-Hispanic white female, she would have an 21 additional life expectancy of 44 years, correct?</p> <p>22 A. Correct, correct.</p> <p>23 Q. Any other parameters that you put on 24 the life expectancy beyond the fact that she is 25 a non-Hispanic white female?</p>	Page 127	Page 129

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<p>1 that.</p> <p>2 Q. And you agree that her smoking and</p> <p>3 alcohol use predated the fire accident, correct?</p> <p>4 A. Yes, that's correct.</p> <p>5 Q. Doctor, why don't we just take a</p> <p>6 quick five minutes, and then we will get into</p> <p>7 the actual life care plan part, and then I think</p> <p>8 we'll be able to let you go after that.</p> <p>9 (Recess.)</p> <p>10 BY MR. LaFLAMME:</p> <p>11 Q. Dr. Synder, before we took the break,</p> <p>12 we were just getting into the actual</p> <p>13 spreadsheet-type life care plan that you put</p> <p>14 together here, and that starts at page 59 of</p> <p>15 your report, correct?</p> <p>16 A. Correct.</p> <p>17 Q. Okay.</p> <p>18 Starting on page 60, and I'm</p> <p>19 certainly not going to go through everything</p> <p>20 line by line, but I wanted to talk about some of</p> <p>21 them.</p> <p>22 With respect to the "Burn Surgery at</p> <p>23 Burn Center" and "Plastic Surgery" line items, I</p> <p>24 know you later on in the report have some</p> <p>25 specific burn-related line items that are not</p>	Page 130	Page 132
<p>1 given a cost or duration estimate.</p> <p>2 Are these to encompass those, meaning</p> <p>3 is the "Burn Surgery at Burn Center" to</p> <p>4 encompass the line item of Scar, Excision and</p> <p>5 Reconstruction Surgery, that type of stuff, or</p> <p>6 are those separate?</p> <p>7 A. These would be basically the</p> <p>8 monitoring evaluation by physicians. It does</p> <p>9 not include procedures.</p> <p>10 Q. Okay.</p> <p>11 And you have not talked to</p> <p>12 Dr. LeChapelle as to whether he specifically</p> <p>13 agrees with the "Burn Surgery at Burn Center,"</p> <p>14 "Plastic Surgery," "Hair Transplantation," that</p> <p>15 type of stuff, correct?</p> <p>16 A. Correct. When I was with the</p> <p>17 patient, she, basically, ended up telling me she</p> <p>18 needed to go every two months. And she,</p> <p>19 basically, pretty much put out what she's</p> <p>20 supposed to be able to be doing, and, basically,</p> <p>21 said, I can't do because I can't afford it. So</p> <p>22 I heard her tell me what apparently she had been</p> <p>23 told she needed, but it should be confirmed by</p> <p>24 the surgeon.</p> <p>25 Q. And then going on to page 61, with</p>	Page 131	Page 133

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<p>1 the CPT codes. One of the problems is, when 2 they've done the CO2 burns, if you read the 3 records, it includes the anesthesia and it 4 included several large areas. And so I presume 5 there are different CPT codes, given the amount 6 of space or the amount of surface area, as well 7 as the duration under anesthesia. So there's 8 just a lot of stuff that I would not be able to 9 add.</p> <p>10 Q. And you are not able to add that 11 without further guidance from her treating 12 physicians, true?</p> <p>13 A. Absolutely.</p> <p>14 Q. Okay.</p> <p>15 A. Or an expert.</p> <p>16 Often, I find my university treating 17 doctors are not even permitted to offer legal 18 opinions, and so sometimes we have to go and 19 hire an expert. So we just need to have a 20 plastic surgical expert to be able to offer 21 those opinions.</p> <p>22 Q. Okay.</p> <p>23 With respect to the "Semi-Permanent 24 Tattoo for Her Right Eyelid," is that something 25 that Mrs. Wadsworth has expressed an interest in</p>	Page 134	Page 136
<p>1 getting?</p> <p>2 A. We talked about it. She's 3 embarrassed. And so I did do the pricing and 4 found that it doesn't last forever, and so we've 5 got that as a potential charge.</p> <p>6 And, again, I would probably ask a 7 plastic surgeon their opinion. Maybe do a 8 permanent one. I don't know what's out there. 9 I'm not a cosmetic person, and so I would 10 probably defer, again, for a plastic surgeon for 11 his or her opinion on that.</p> <p>12 Q. Okay.</p> <p>13 And that was going to be my next 14 question, is there a permanent option in that 15 regard, understanding that tattoos can certainly 16 be permanent in nature?</p> <p>17 A. Yes.</p> <p>18 Q. But you just don't know?</p> <p>19 A. Correct.</p> <p>20 In looking at the literature for 21 eyebrows, they strongly suggested not doing 22 permanent, but, again, I don't know why. I 23 would defer really to a plastic surgeon.</p> <p>24 That's something I would have an expert help me 25 with.</p>	Page 135	Page 137

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<p>1 A. I don't know –</p> <p>2 Q. – for her cellulitis?</p> <p>3 A. – but just because somebody has not</p> <p>4 done it does not preclude them from wanting to</p> <p>5 utilize it.</p> <p>6 MR. LaFLAMME: Off the record.</p> <p>7 (Discussion off the record.)</p> <p>8 Q. Doctor, going on to page 66, which is</p> <p>9 "MEDICATIONS," for all of the medications that</p> <p>10 you have listed here, she is not presently using</p> <p>11 any of them, correct?</p> <p>12 A. Correct. I did relate to her some of</p> <p>13 the medications I thought would be appropriate</p> <p>14 that she should be on. And I felt that if she</p> <p>15 was on appropriate medications, she would not be</p> <p>16 utilizing alcohol.</p> <p>17 Q. And do you know if she has made any</p> <p>18 efforts to discuss these medications with her</p> <p>19 treating physicians?</p> <p>20 A. I do not. I have not seen her since</p> <p>21 the home visit.</p> <p>22 Q. And you have not seen anything in her</p> <p>23 records where she was prescribed any of these</p> <p>24 specific medications, correct?</p> <p>25 A. She was on Duloxetine at one time,</p>	Page 138	Page 140
<p>1 but the rest of these medications are to protect</p> <p>2 her stomach preventively and so forth, no, I</p> <p>3 don't see that she's been on any of them.</p> <p>4 Q. And not only that she has not been on</p> <p>5 any of them, she hasn't been prescribed any of</p> <p>6 them, correct?</p> <p>7 A. Correct.</p> <p>8 Q. And, Doctor, if you can go to page</p> <p>9 68, which is the "SPECIAL EQUIPMENT" section,</p> <p>10 and then this is where you get into some</p> <p>11 discussion about at least one of the items is a</p> <p>12 scooter or a couple of scooters?</p> <p>13 A. Correct.</p> <p>14 Q. One is a more traditional motorized</p> <p>15 scooter, and one is an all terrain scooter,</p> <p>16 correct?</p> <p>17 A. Correct.</p> <p>18 Q. She doesn't use either of these</p> <p>19 presently, correct?</p> <p>20 A. Correct, but she will use – when she</p> <p>21 goes to Walmart, she will use their scooter.</p> <p>22 But she was a very active lady, hunting and</p> <p>23 fishing and very active going out into the – I</p> <p>24 mean, there are no repertory theaters where she</p> <p>25 is. They go out and do outdoor activities. And</p>	Page 139	Page 141

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<p>1 Those are not issues – you know, counselor, 2 when a doctor sees a patient, they figure out 3 what they need to do. They don't think about 4 life care planning and hobbies and so forth, so 5 those have not been addressed, that's correct. 6 Q. And you have seen medical records 7 from her podiatrist, correct? 8 A. That they did procedures, that's 9 correct. 10 Q. And within those medical records, 11 there's no reference or even suggestions that 12 she obtain a scooter, correct? 13 A. Correct. You're talking about a 14 podiatrist. You're not talking about a 15 long-term prescription by a physiatrist or a 16 life care planner. They're podiatrists. 17 Q. But with respect to - and I'll just 18 ask it even more broadly - with respect to all 19 of her medical treaters and all of the medical 20 records that you've reviewed, there has not been 21 a mention or suggestion of the use of a scooter, 22 correct? 23 A. Correct. None of them have been 24 asked to provide long-term planning for home 25 capabilities.</p>	Page 142	Page 144
<p>1 Q. If you could go to page 69, we're 2 still under the same section here, so the 3 "Adjustable Bed with Elevating Head." 4 What is the purpose of that? 5 A. She has a hard time getting out of 6 bed. I don't know whether it's the burns on the 7 back with scooting or whatever, but I remember 8 saying to her, well, how about, do you need an 9 elevated headrest? She said yes. And it may be 10 able to help take care of some of her skin, by 11 being able to put lotion on her legs and so 12 forth by bending over. But we did talk about 13 it, and I don't remember the specifics. But we 14 did review that with her, and she said that 15 would be very helpful, because she said she does 16 have a problem in her own bed. 17 Q. Does it relate to the ability to put 18 lotion on while she's in bed, or does it relate 19 to her sleeping at all? 20 A. No. It was not related to sleeping. 21 It was more care of her legs and feet and so 22 forth. 23 Q. All right. 24 And then with respect to the walker 25 you have this one starting at age 50.</p>	Page 143	Page 145

<p>1 we do so she can go places, to put her scooter, 2 and, particularly, an all terrain scooter when 3 she went places. 4 So, counselor, I don't know what 5 bucket of money pays for this, but in order to 6 go places, she needs a van that can take the 7 scooter, and so that's what's needed. I don't 8 know who is going to pay for it. Does it 9 normally come out of what normal people buy; I 10 don't know. But from a practical perspective, 11 she's going to need a van to be able to use that 12 scooter to go places. So if you need this, you 13 need that. It is what it is. That's all I can 14 say. 15 Q. Okay. 16 You would agree that she would have 17 – let's assume this fire never happened, if she 18 wanted to purchase vehicles for her own personal 19 use moving forward, she would have that cost 20 anyway, correct? 21 A. Absolutely, but not the 22 modifications. 23 Q. And with respect to the van items, is 24 that only required in your mind due to the all 25 terrain scooter?</p>	Page 146	Page 148
<p>1 A. Yes. And, actually, taking the other 2 scooters, too, to, perhaps, church or other 3 places, but the all terrain, the basic reason is 4 so she can go out and about for either of the 5 two scooters. 6 Q. It relates to both the scooters, not 7 just the all terrain scooter? 8 A. Correct. 9 Q. And do you know how often the 10 Wadsworths typically replace their vehicles? 11 A. I don't. 12 The normal replacement, most people 13 replace it in seven years. The problem is the 14 mechanics, the hydraulics don't last more than 15 about five years. So standard, we replace 16 anything that requires hydraulics in five years 17 because of the possibility of being stranded 18 with a ramp left out and you can't get it in or 19 being able to shut the doors and so forth. So 20 the standard is we replace it every five years 21 for vans, if there are hydraulics involved. 22 Q. Wouldn't you only need to replace the 23 actual hydraulics, then, not the van? 24 A. You could do that, but then the cost 25 of doing that is equal to the value of the van,</p>	Page 147	Page 149

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<p>1 Hold on.</p> <p>2 If you look on page 160, 161, 162,</p> <p>3 basically, we, basically, kind of took a look at</p> <p>4 all of those items, and felt that 32,000 would</p> <p>5 be what she was going to need, which is about</p> <p>6 one-third the price if we were to do an</p> <p>7 all-handicapped accessible,</p> <p>8 wheelchair-accessible home.</p> <p>9 Q. So it looks like these cost prices</p> <p>10 that you're pulling for the handicapped home</p> <p>11 modifications are from online sources, as</p> <p>12 opposed to local contractors, correct?</p> <p>13 A. Correct. We did not have a local</p> <p>14 contractor.</p> <p>15 Q. Okay.</p> <p>16 And then there's a home security</p> <p>17 monitoring that's provided as a line item here</p> <p>18 as well.</p> <p>19 Is that like an ADT type thing that</p> <p>20 you're thinking of?</p> <p>21 A. Yes. Any of my patients that have</p> <p>22 mobility issues, there's always a concern of</p> <p>23 home intruders. And then if we've got somebody</p> <p>24 who has sustained a fire, certainly, the idea is</p> <p>25 that they will want some kind of a modification</p>	<p>Page 150</p> <p>1 services?</p> <p>2 A. Correct.</p> <p>3 Q. All of the items that the personal</p> <p>4 care attendant would help with, she is presently</p> <p>5 doing, correct?</p> <p>6 A. Correct.</p> <p>7 Q. And she's presently doing them to the</p> <p>8 extent that, on your questionnaire, she said she</p> <p>9 does not need help with them, correct?</p> <p>10 A. Correct.</p> <p>11 Q. With the "Home Maintenance," she is</p> <p>12 married, correct?</p> <p>13 A. Correct.</p> <p>14 Q. Do you know what home maintenance she</p> <p>15 was doing prior to the fire?</p> <p>16 A. No. But, counselor, right now, we</p> <p>17 have a 52 percent divorce rate among Americans.</p> <p>18 If you have a patient who has pain and</p> <p>19 disabilities, it's about a 73 percent divorce</p> <p>20 rate. So if we, in the legal system, talk about</p> <p>21 the more probable than not, the idea is to at</p> <p>22 least provide some kind of security for her home</p> <p>23 that we're going to give her that there's going</p> <p>24 to be some maintenance to take care of that and</p> <p>25 not know that there's going to be a husband</p>	<p>Page 152</p>
<p>1 for the home for monitoring.</p> <p>2 Q. Do you know if they have home</p> <p>3 security presently?</p> <p>4 A. I don't. I was afraid you were going</p> <p>5 to ask that question. I'm going through my</p> <p>6 mind, did I see a home monitor or not. I don't</p> <p>7 remember.</p> <p>8 Q. Okay.</p> <p>9 And you're not aware of any specific</p> <p>10 notes or suggestions in her medical records from</p> <p>11 her treaters that she had home security,</p> <p>12 correct?</p> <p>13 A. That's correct. And that would not</p> <p>14 be the purview of a treating doctor when they</p> <p>15 see a patient in their offices.</p> <p>16 Q. Going to page 73, which is "HOMEMAKER</p> <p>17 CARE," is the subcategory.</p> <p>18 A. Yes.</p> <p>19 Q. And here you have "Housekeeper,"</p> <p>20 "Personal Care Attendant" and "Home Maintenance"</p> <p>21 as a line item cost.</p> <p>22 A. Correct.</p> <p>23 Q. So with the "Personal Care Attendant"</p> <p>24 for four hours, five times per week, you're</p> <p>25 suggesting that she has 20 hours of PCA</p>	<p>Page 151</p> <p>1 that's going to be there.</p> <p>2 So if I deal with the percentages,</p> <p>3 the more probable than not, I've got to think</p> <p>4 that, and I agree it's very minimal, but it's</p> <p>5 five hours a month to do that.</p> <p>6 Q. So in order for the "Home</p> <p>7 Maintenance" line item to be valid, there's an</p> <p>8 assumption that she's going to get a divorce</p> <p>9 from Matthew?</p> <p>10 A. Well, when we work around more</p> <p>11 probable than not. So if we talk about a</p> <p>12 disabled person, there's a very high</p> <p>13 probability, it's more than 50 percent, that</p> <p>14 they're going to be single in their life.</p> <p>15 Q. You haven't read Matthew's or</p> <p>16 Stephanie's depositions where I asked them about</p> <p>17 how their relationship was?</p> <p>18 A. No. I presume it's good at this</p> <p>19 point.</p> <p>20 Q. And you don't have any information as</p> <p>21 to how their relationship is, correct?</p> <p>22 A. Correct. I'm just dealing with</p> <p>23 understanding statistics.</p> <p>24 Q. Did you have a discussion with</p> <p>25 Mrs. Wadsworth during your home visit about the</p>	<p>Page 153</p>

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<p>1 strength of her marriage?</p> <p>2 A. No.</p> <p>3 Q. So if Mr. or Mrs. Wadsworth stay</p> <p>4 married, you would agree the home maintenance</p> <p>5 aspect of your life care plan would not be</p> <p>6 necessary?</p> <p>7 A. That's correct.</p> <p>8 Q. With respect to the "Personal Care</p> <p>9 Attendant," are you aware of any medical records</p> <p>10 from any of her treaters that discuss or suggest</p> <p>11 that she get a personal care attendant to help</p> <p>12 with some ADLs?</p> <p>13 A. No, I don't think they've ever been</p> <p>14 asked that question. That's why I need to reach</p> <p>15 out to the treating doctors to ask that</p> <p>16 question.</p> <p>17 Q. And you're aware that there was a</p> <p>18 date for expert disclosures in this case, and</p> <p>19 for yours, it was July 15th, correct?</p> <p>20 A. I don't know. That's not part of my</p> <p>21 purview. I see a patient and write a report.</p> <p>22 That's your stuff.</p> <p>23 Q. Okay.</p> <p>24 With respect to page 74, you have two</p> <p>25 line items, "Phoenix World Burn Congress</p>	Page 154	Page 156
<p>1 Registration" and then the "Burn Support Group</p> <p>2 at Salt Lake City Burn Center."</p> <p>3 Do you see that?</p> <p>4 A. Yes.</p> <p>5 Q. Has Mrs. Wadsworth expressed an</p> <p>6 interest in attending any of those?</p> <p>7 A. She did not know anything about them.</p> <p>8 Q. Okay.</p> <p>9 Has she expressed – once she was</p> <p>10 made aware of them, did she express an interest</p> <p>11 in attending?</p> <p>12 A. Yes, she was. I described with her</p> <p>13 the ability to meet with other people with</p> <p>14 similar burns. And the Phoenix is totally</p> <p>15 survival driven. It's put on by survivors, and</p> <p>16 it's nationally one of the better conferences.</p> <p>17 They go all over the country, sometimes they're</p> <p>18 in Dallas, sometimes they're in Phoenix,</p> <p>19 sometimes they're in Chicago. And any patient</p> <p>20 that I've known who have gone to them strongly</p> <p>21 advise that I continue to have patients attend</p> <p>22 them. It makes them empowered as far as knowing</p> <p>23 what to order, what to ask for, how to ask</p> <p>24 doctors what they need and so forth.</p> <p>25 Q. Have you ever attended the World Burn</p>	Page 155	Page 157

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<p>1 using the state of Wyoming?</p> <p>2 A. Yes. That's the only way to get</p> <p>3 that, yes. There is no breakdown for the state.</p> <p>4 Q. Okay.</p> <p>5 And then for the state of Wyoming, it</p> <p>6 sounds like it's, basically, 99 percent of the</p> <p>7 national cost, so a 1 percent difference or so?</p> <p>8 A. Correct. It's a little bit less than</p> <p>9 national numbers, that's correct.</p> <p>10 Q. Okay.</p> <p>11 And then on page 78, when you</p> <p>12 reference the Green River, Wyoming local average</p> <p>13 costs, those are obtained from calling local</p> <p>14 physicians?</p> <p>15 A. Calling or utilizing the website.</p> <p>16 And so in this particular case, we have a</p> <p>17 website the University of Health, which ends up</p> <p>18 indicating what they charge. Sometimes it's</p> <p>19 phone calls, like, the neurologists. It depends</p> <p>20 on where we can get the numbers.</p> <p>21 Q. And when you ask for those numbers,</p> <p>22 are those the health insurance discounted rated</p> <p>23 numbers or are the wrap rate numbers?</p> <p>24 A. No. Those are usual customary</p> <p>25 numbers. That's the methodology required of our</p>	Page 158	Page 160
<p>1 methodology doing life care planning. We're not</p> <p>2 to use any discounted numbers, because you don't</p> <p>3 know if the discounts are going to remain or</p> <p>4 what those percentages would be.</p> <p>5 Q. So the figures that you use would be</p> <p>6 the figures if someone that did not have health</p> <p>7 insurance would be charged, correct?</p> <p>8 A. Correct, correct, usual customary</p> <p>9 charges.</p> <p>10 Q. And any discounts that may be applied</p> <p>11 through health insurance, that's not a</p> <p>12 consideration in your life care plan at all,</p> <p>13 correct?</p> <p>14 A. Right. Because you never know when a</p> <p>15 discount is going to be available or not. For</p> <p>16 example, you can get medications and get a</p> <p>17 prescription and get a coupon for GoodRx, and</p> <p>18 you can get it half price, but you don't know</p> <p>19 what's going to exist for the next 44 years.</p> <p>20 So, statistically, we're looking at 44 years</p> <p>21 worth of costing. And it's been identified to</p> <p>22 use usual customary charges. So you don't know</p> <p>23 if discounts are going to be available. You</p> <p>24 don't know what Medicare rates are going to be,</p> <p>25 simply because they change from year to year.</p>	Page 159	Page 161

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<p>1 was I comfortable with what I was relating. And 2 I, basically, discussed with him the need for 3 getting additional consultations, as we 4 discussed earlier today, the need for additional 5 experts.</p> <p>6 Q. And what additional experts did you 7 request?</p> <p>8 A. The plastic surgery discussion in the 9 future; perhaps ophthalmology for the corneal 10 abrasions, and ear, nose and throat for the 11 tracheal burns.</p> <p>12 Q. So ENT, ophthalmology and plastic 13 surgery?</p> <p>14 A. Plastic surgery/burn therapies.</p> <p>15 Q. And did you discuss any specific 16 doctors that you would recommend using in that 17 regard?</p> <p>18 A. I did not, but I did indicate that we 19 were waiting to perhaps hear from 20 Dr. LeChapelle.</p> <p>21 Q. Okay.</p> <p>22 And in your mind, there is additional 23 work on your end to be done on those three items 24 where you don't have any duration, frequency or 25 costs associated?</p>	Page 162	Page 164
<p>1 A. Correct.</p> <p>2 Q. Were you told about the expert 3 disclosure deadline on July 15th?</p> <p>4 A. No.</p> <p>5 Q. Were you aware that whatever the 6 expert disclosure deadline was, that you were to 7 have your opinions to be completed by then?</p> <p>8 MR. AYALA: Form.</p> <p>9 A. I can't control any of that. I gave 10 a report. That's what it is.</p> <p>11 Q. Okay.</p> <p>12 And the report that you gave is the 13 one that obviously we have marked as Exhibit 64, 14 and that's your understanding as to what was 15 disclosed as your expert opinion by the expert 16 disclosure deadline, correct?</p> <p>17 A. Correct. And it's a very anemic and 18 will have to stand by itself, if that's what 19 happens. It would not cover what she may need 20 in the future. So be it, that's the way 21 discovery occurs. It's not in my control.</p> <p>22 Q. Aside from potentially getting the 23 questionnaire back from Dr. LeChapelle and the 24 additional medical expert consultations with an 25 ENT, ophthalmology and plastic burn therapist,</p>	Page 163	Page 165

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<p>1 them. If they don't want to fill the form out, 2 then I'll ask them the questions. So, yes, we 3 do both. The majority tend to fill out the 4 questions for me.</p> <p>5 Q. And that's certainly what you were 6 communicating to opposing counsel that you did 7 in this case, as it relates to Dr. LeChapelle, 8 but he has not returned the questionnaire as of 9 yet, despite being in contact as early or as 10 late as yesterday?</p> <p>11 A. Correct.</p> <p>12 Q. But to date, you haven't spoken with 13 him, so you haven't gotten specific details or 14 information relating to his care of Stephanie 15 and potential future needs?</p> <p>16 A. That's correct.</p> <p>17 Q. In your career as a life care 18 planner, you also review depositions of medical 19 providers or treaters if they're available?</p> <p>20 A. I do.</p> <p>21 Q. Okay.</p> <p>22 And I haven't provided you any of 23 those, have I?</p> <p>24 A. That's correct.</p> <p>25 Q. Did you know that the reason I</p>	Page 166	<p>1 information that you need for purposes of 2 completing your life care plan in those specific 3 areas, either because you can't speak with those 4 treaters or because the deposition becomes 5 unavailable, is that what you're suggesting that 6 then that would require an expert witness to be 7 brought into the case for purposes of testifying 8 and opining in those specific areas?</p> <p>9 A. That's correct, yes.</p> <p>10 Q. You were asked a lot of questions 11 about the deadlines for expert disclosure and 12 all of that stuff. I think it's obvious, but 13 you're not a lawyer, you don't represent the 14 Wadsworth family from a legal representation 15 standpoint in this case, fair?</p> <p>16 A. That's correct, yes.</p> <p>17 Q. What you know is that you were 18 provided records, you were provided certain 19 information, you conducted your own evaluation 20 and examination of Mrs. Wadsworth, and you were 21 asked to prepare a life care plan, based upon 22 the information available to you; is that 23 accurate?</p> <p>24 A. That's very accurate, yes.</p> <p>25 Q. And so why don't we talk about, if</p>	Page 168
<p>1 haven't provided you any of those is because 2 treaters' depositions are still being taken?</p> <p>3 A. I know nothing about the mechanics of 4 what you guys are doing and so forth.</p> <p>5 Q. But by way of example, there was a 6 physical therapist whose deposition was taken 7 earlier this week; a member of the burn team at 8 the University of Utah a little over a week ago 9 was taken.</p> <p>10 Were you aware of any of that?</p> <p>11 A. No.</p> <p>12 Q. Is it fair to say that, when those 13 depositions are taken and when the deposition 14 transcripts come in, that's something that you 15 would want to review and look at to assist you 16 with any additions, changes or modifications to 17 your plan?</p> <p>18 A. Yes.</p> <p>19 Q. And, specifically, with regards to 20 these plastic surgeons, to the therapists, even 21 to the podiatrists, those are depositions that 22 you would like to review, in addition to speak 23 with those treaters, if they allow it?</p> <p>24 A. That's correct.</p> <p>25 Q. And if you're unable to get the</p>	Page 167	<p>1 you could, Doc, give us the benefit of your 2 educational background. I know you talked about 3 your experience in life care planning, but give 4 us the benefit of your educational background, 5 please.</p> <p>6 A. I graduated from Indiana University 7 Medical School. I then went to Yale and did a 8 residency program in pediatrics. I became board 9 certified as a pediatrician. I practiced 10 pediatrics for ten years. I then went to 11 Pittsburgh and did a residency in physical 12 medicine and rehabilitation.</p> <p>13 From that point, I moved to Rhode 14 Island, where I became director of a 60-bed 15 inpatient rehab unit. I was medical director 16 for the State of Rhode Island Department of 17 Vocational Rehabilitation, and developed an 18 outpatient traumatic brain injury program.</p> <p>19 I then moved to Maine, where I was a 20 director of an inpatient traumatic brain injury 21 program. I was director of New England's Good 22 Will Industry Brain Injury Programs, and 23 practiced pain medicine – pain management 24 medicine as well.</p> <p>25 I've been in Florida for almost 20</p>	Page 169

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<p>1 years now. And I have worked in several 2 hospitals, including AdventHealth, which is the 3 new name for the Florida hospital. I have 4 directed inpatient/outpatient programs. 5 Beginning about six years ago, I 6 began the process of weaning from acute care, 7 where one day a week, I see patients. The 8 remainder I have now been doing life care 9 planning.</p> <p>10 Q. Thank you for that. 11 Is it fair to say that, over the 12 course of your career, not just in practice, but 13 also as a life care planner, that you've 14 occasion to see, evaluate, assess patients that 15 have suffered significant injuries, including 16 burns like Mrs. Wadsworth?</p> <p>17 A. Yes. 18 Q. And you've been called upon and asked 19 to assist in litigation matters relating to 20 injuries, such as burns like the ones 21 Mrs. Wadsworth has suffered? 22 A. I have. 23 Q. And even though you may not have the 24 majority of your patients that you see and treat 25 in practice with significant or severe burns</p>	Page 170	Page 172
<p>1 like Mrs. Wadsworth, there have been the 2 occasional patients that you've treated even in 3 your private practice with burns, fair? 4 A. Absolutely fair. 5 Q. And in what you do as a life care 6 planner, even if you don't have an abundance of 7 patients in private practice with burns that 8 you're treating, as a life care planner, do you 9 speak with and learn from some of those 10 specialists that are treating the particular 11 patient whom you're asked to make 12 recommendations for future care? 13 A. That's correct. 14 Q. You were asked earlier on in the 15 deposition about the scope of your work in this 16 case. And you have not prepared a life care 17 plan for Weston, correct? 18 A. That's correct. 19 Q. And, in fact, I instructed you to 20 focus your efforts on preparing your 21 recommendations and any opinions you had as to 22 Mrs. Wadsworth's future medical care needs, 23 fair? 24 A. That's correct. 25 Q. If, after receipt of depositions of</p>	Page 171	Page 173

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<p>1 A. That's correct.</p> <p>2 Q. You were asked questions about your 3 experience as an expert witness in these types 4 of litigation matters, and whether you've ever 5 had any of your opinions stricken by a court.</p> <p>6 Do you remember some of those 7 questions early on?</p> <p>8 A. Yes, yes, I do.</p> <p>9 Q. And if I wrote correctly in my notes, 10 there was reference to a Collett case that was 11 discussed with you, and whether you were aware 12 of your either opinions being stricken or you 13 even being stricken as an expert.</p> <p>14 Do you remember some of those 15 questions?</p> <p>16 A. Yes.</p> <p>17 Q. Did I understand your testimony that 18 you have no personal knowledge of any findings 19 of that board or what may have happened, what 20 may have been argued or otherwise, correct?</p> <p>21 A. Correct.</p> <p>22 Q. Certainly, can I at least safely 23 assume that, at no point in time, do you 24 intentionally endeavor to go beyond the scope of 25 your background, your training, your experience</p>	Page 174	Page 176
<p>1 when you're rendering opinions relating to 2 either the life care planning for a patient or 3 for a plaintiff, or the treatment as a 4 physiatrist of a patient?</p> <p>5 A. Absolutely. I mean, this case 6 demonstrates why I just need to reach out to 7 certain other treaters and certainly not handle 8 the decisions on my own.</p> <p>9 Q. And despite, I think, it's, what, the 10 170-odd pages of the complete report that you 11 tendered over, despite as extensive as it is, as 12 detailed as it is, there are portions that we've 13 gone through, there are portions where you did 14 not render opinions as to the exact type of 15 treatment needed, the frequency, or even the 16 costs associated with that treatment, because, 17 frankly, it just goes beyond your scope of 18 expertise.</p> <p>19 Is that fair?</p> <p>20 A. That's fair.</p> <p>21 Q. And that's what we talked about with 22 the plastics, with the ophthalmology and even 23 with the ENT?</p> <p>24 A. Correct. I don't know what 25 procedures they're going to suggest. I think</p>	Page 175	Page 177

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<p>1 knows the specific price. An accountant or an 2 economist now takes it and averages what the 3 cost is going to be over the next 44 years. 4 Q. There's been a suggestion that the 5 number that's set forth in the life care plan of 6 the three – let me just make sure I get it 7 completely – the 3.698 million and change that 8 in some way, shape or form, it's inaccurate, 9 it's speculative, it's unreliable. 10 Can you describe for the jury that 11 might read this deposition transcript as to what 12 that number reflects, as best as you can 13 recount? 14 A. Well, that number reflects, I have a 15 young lady who takes my life care plan, which I 16 stand by, and simply now converts it into a 17 number that an attorney who hires me wants to 18 understand what the potential value is. So I do 19 it as a process to allow the attorney to know, 20 is this a case that we're going to go to trial 21 over or what the value is, to understand the 22 value of the case. 23 But I do not do the numbers myself. 24 I do not do it line by line. And so it is a 25 handy way for the attorney to know the value of</p>	Page 178	Page 180
<p>1 the case, but it should not be considered the 2 life care plan. 3 Q. And then when it comes to an accurate 4 depiction or reflection that at least you would 5 rely on, is there a number, is there a method by 6 which you compiled the costs, the expenses and 7 what that life care plan is actually priced out 8 to be? 9 A. I'm sorry. I don't understand the 10 question. 11 I have the life care plan in a Word 12 document. And in the far right-hand corner, 13 it's either the yearly or lifetime costs. That 14 I can stand by. The remainder over the next 44 15 years projecting out, I rely on a economist to 16 do that. 17 Q. Perfect. That's what I was asking. 18 But, obviously, the numbers provided 19 and associated with your life care plan, Doc, 20 those are incomplete at this point, fair? 21 A. Correct, because I need additional 22 resources to really give a complete picture of 23 what her long-term needs are going to be. 24 Q. So even with the numbers that are 25 attached to that life care plan, for all of the</p>	Page 179	Page 181

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<p>1 A. Correct.</p> <p>2 Q. That's nothing that you need to see</p> <p>3 for purposes of the scope of your work in this</p> <p>4 case; is that fair?</p> <p>5 A. Correct. Those records help me</p> <p>6 prepare when I'm going to see the patient, when</p> <p>7 I see the patient, and what they're going to</p> <p>8 need long term.</p> <p>9 Q. Okay.</p> <p>10 You were asked questions about</p> <p>11 Mrs. Wadsworth's life expectancy.</p> <p>12 Do you remember some of those</p> <p>13 questions and answers?</p> <p>14 A. Yes.</p> <p>15 Q. And you were asked - and I'm</p> <p>16 paraphrasing - to what extent you analyzed a</p> <p>17 reduction in life expectancy due to her smoking</p> <p>18 and alcohol?</p> <p>19 Do you remember that?</p> <p>20 A. Yes.</p> <p>21 Q. And I want to make sure I understood</p> <p>22 your testimony.</p> <p>23 Did you say that, when you begin to</p> <p>24 make reductions in life expectancy due to</p> <p>25 whether it's smoking or alcohol or any other</p>	Page 182	Page 184
<p>1 factors, then you also have to begin an analysis</p> <p>2 as to what are those positive behaviors,</p> <p>3 actions, attributes that now add to the life</p> <p>4 expectancy.</p> <p>5 Did I paraphrase that correctly?</p> <p>6 A. That's correct. And that's why we</p> <p>7 have a tendency to use the National Vital</p> <p>8 Statistics that includes all comers. Otherwise,</p> <p>9 if you start doing this, then you have to do an</p> <p>10 analysis on all things that extend life. And</p> <p>11 now you start getting I'll call it into a</p> <p>12 pissing war between the pros and the cons, and</p> <p>13 so forth. And the National Vital Statistics</p> <p>14 answers that question.</p> <p>15 Q. Okay.</p> <p>16 And the suggestion was made certainly</p> <p>17 that smoking and alcohol is generally not</p> <p>18 healthy for an individual.</p> <p>19 We could agree on that?</p> <p>20 A. Totally agree.</p> <p>21 Q. But are there any metrics, Doctor, is</p> <p>22 there any research or literature that suggests,</p> <p>23 because a person either smokes or drinks alcohol</p> <p>24 that there is no chance they would ever make it</p> <p>25 to the expected life expectancy?</p>	Page 183	Page 185

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<p>1 whether or not you have the requisite background 2 or training in the field of psychology or 3 psychiatry. 4 Do you remember some of that? 5 A. Yes. 6 Q. And is it fair to say that one of the 7 additional areas that you would consider looking 8 into in speaking with a treater is in either 9 psychiatry, psychology or mental health? 10 A. I think that's appropriate, yes. 11 Q. And so by way of example, there's a 12 deposition to take place in a couple of weeks of 13 a mental health therapist that Mrs. Wadsworth 14 has been seeing and treating with. 15 Is that a deposition transcript that 16 you would like to review? 17 A. Yes, sir. 18 Q. There were sections of your life care 19 plan that provide a description or detail that 20 is typical or commonplace for the life care 21 plans that you prepare dealing with significant 22 or catastrophic injury cases; is that fair? 23 A. Yes. 24 Q. And then there are other sections of 25 your life care plan that are specific to the</p>	Page 186	Page 188
<p>1 facts, the circumstances and your evaluation of 2 this case, true? 3 A. Correct. 4 Q. The pricing that you have listed in 5 your life care plan for what your 6 recommendations are for Mrs. Wadsworth, those 7 are prices certainly based on research and 8 standards and metrics, but they're specific to 9 Mrs. Wadsworth; is that true? 10 A. Absolutely correct, absolutely. 11 Q. In other words, you didn't take 12 pricing from another life care plan or some 13 website and just slap it on this life care plan 14 and say it applies? 15 A. No. In evaluating the patient, 16 identifying what she needed, I specifically 17 looked at the costs specifically in her region 18 and actually reached out to treating doctors in 19 her area to find out the specific costs. 20 Q. We've talked about deposition 21 transcripts, but to the extent there are 22 additional medical records that are received 23 relating to Mrs. Wadsworth, and even Weston, are 24 those records that you would like to, at the 25 very least, receive and review?</p>	Page 187	Page 189

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<p>1 MR. LaFLAMME: Object to form.</p> <p>2 A. They are not considering the next 44</p> <p>3 years of life.</p> <p>4 Q. And I guess the last area that I'll</p> <p>5 cover with you, Doctor, you were asked questions</p> <p>6 about the home maintenance portion of your life</p> <p>7 care plan.</p> <p>8 Do you remember that?</p> <p>9 A. Yes.</p> <p>10 Q. And there was a discussion as to,</p> <p>11 really, the "why" behind it, why there would be</p> <p>12 a section for home maintenance if Mrs. Wadsworth</p> <p>13 is married to Mr. Wadsworth.</p> <p>14 Do you remember that?</p> <p>15 A. Yes, yes.</p> <p>16 Q. And did I understand your testimony</p> <p>17 correctly that, one of the considerations that</p> <p>18 you take into account as a life care planner,</p> <p>19 looking into the future for a severely or</p> <p>20 catastrophically injured individual, is to what</p> <p>21 extent is there a likelihood, more likely than</p> <p>22 not, occasion where that individual might find</p> <p>23 themselves in a need for a particular modality,</p> <p>24 assistance, et cetera.</p> <p>25 Is that part of your role?</p>	Page 190	Page 192
<p>1 A. Yes.</p> <p>2 Q. And so when you look at specifically</p> <p>3 home maintenance, part of what you did, if I</p> <p>4 understood your testimony, is, you looked at</p> <p>5 statistics in our country specifically as to the</p> <p>6 divorce rates, but, more particularly, divorce</p> <p>7 rates amongst those individuals who are</p> <p>8 catastrophically injured, physically injury and</p> <p>9 what that means for marriages either staying</p> <p>10 together or breaking up?</p> <p>11 A. That's correct.</p> <p>12 Q. And what your research, and based on</p> <p>13 your background, training and your experience</p> <p>14 doing this type of work, has demonstrated is</p> <p>15 that there is a strong, meaning more likely than</p> <p>16 not, chance that Mrs. Wadsworth may find herself</p> <p>17 in the future in need of home maintenance as a</p> <p>18 result of what the statistics, what the numbers</p> <p>19 say is a strong likelihood of a divorce?</p> <p>20 MR. LaFLAMME: Object to form.</p> <p>21 A. Yes.</p> <p>22 Q. And so that's what the numbers</p> <p>23 provide, that's what the research and the</p> <p>24 statistics show; is that fair?</p> <p>25 A. Correct.</p>	Page 191	Page 193

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<p>1 the University of Utah to deal with her alcohol 2 use, do you recall seeing that she had thiamine 3 replacement therapy during her hospitalization, 4 for her alcohol use?</p> <p>5 A. Well, that's routinely given to 6 anyone with alcoholism, because they may be 7 thiamine deficient. That's routine.</p> <p>8 Q. Okay.</p> <p>9 And you're aware that that relates to 10 heavy alcohol use, correct?</p> <p>11 A. It's normally used because of the 12 fact that they forget to eat, and they don't eat 13 certain foods that have thiamine, so anybody 14 with an alcohol problem will be put on thiamine.</p> <p>15 Q. And the thiamine replacement that she 16 was given was specific due to her alcohol use; 17 is that correct.</p> <p>18 A. Yes, that's correct.</p> <p>19 Q. That's all the questions, I have, 20 sir.</p> <p>21 MR. AYALA: All right. Doc, read or 22 waive?</p> <p>23 THE WITNESS: Counselor said this was 24 audiotaped, so I don't need to read. I'm 25 waiving.</p>	Page 194	Page 196
<p>1 (Transcript orders.)</p> <p>2 MR. LaFLAMME: I'll just take 3 everything electronic.</p> <p>4 MR. AYALA: The same.</p> <p>5 (Deposition adjourned at 3:25 p.m.)</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	Page 195	

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